treatment options. These strategies are essential for empowering patients, reducing emotional burdens, and improving survivorship care.

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Socioeconomic Status and Self-Efficacy Among Breast Cancer Survivors: Insights from a Cross-Sectional Study

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Goals: This study examines the relationship between socioeconomic status (SES) and self-efficacy in individuals who have survived breast cancer. By elucidating these relationships, it is possible to identify at-risk groups and to develop interventions that will improve survivorship outcomes.
Methods: This analysis was conducted on data from a larger study using a machine learning approach to assess psychosocial factors among breast cancer survivors. A cross-sectional dataset of 430 participants was examined. The socioeconomic status (SES) of the participants was categorised according to their employment status, educational attainment, and income levels. The self-efficacy scores were analysed using analysis of variance (ANOVA) and independent t-tests to assess the differences across the SES groups.
Results: There was a significant difference in self-efficacy according to employment status ($F = 4.850$, $p = 0.002$), with those who were employed reporting the highest scores (40.82 ± 7.12). There was also a significant difference according to educational attainment ($F = 6.670$, p A statistically significant difference was observed in self-efficacy according to educational level ($F = 6.670$, $p < 0.001$), with participants who had completed high school or higher education reporting elevated self-efficacy. Additionally, a statistically significant difference was noted in self-efficacy according to income level ($F = 8.319$, $p < 0.001$), with those whose income equaled or exceeded expenses demonstrating superior outcomes. The analysis revealed that marital status and gender were not statistically significant variables.
Conclusions: Socioeconomic status has a significant impact on self-efficacy in breast cancer survivors. There is a clear association between employment, higher education and financial stability and improved self-efficacy outcomes. It is therefore evident that targeted interventions are required to support survivors from lower socioeconomic status backgrounds in order to enhance their recovery and well-being.

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Unlocking the potential of metastasis-directed surgery in multidisciplinary management of OLiGometAstatic breast cancer patients: The OLGA Study

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Goals: Breast cancer (BC) is a common malignancy, with 6–7% of cases presenting as metastatic at diagnosis and 20–30% developing metastases during follow-up. Oligometastatic (OM) patients, defined as having up to five metastatic lesions, may benefit from localized treatments in addition to systemic therapy. While systemic therapy remains the standard treatment for stage IV BC, recent evidence suggests that surgery targeting metastatic sites can offer survival benefits in selected OM patients. This approach not only reduces tumor burden but also enables re-assessment of tumor biology, aiding in the personalization of systemic treatments. The OLGA Study aims to evaluate the role of metastasis-directed surgery in OM BC patients within a multidisciplinary framework.
Methods: This retrospective study analyzed OM BC patients treated at Fondazione Policlinico Universitario Agostino Gemelli IRCCS, Rome, from January 2014 to December 2024. The study included patients with a maximum of five metastatic lesions, specifically those with systemic lymph node and/or visceral metastases (lung and liver) that were suitable for R0 resection after multidisciplinary evaluation. The primary endpoints were overall survival (OS) and event-free survival (EFS).
Results: A total of 23 OM BC patients were included. Three patients (13%) had synchronous metastases at diagnosis, while 20 patients (87%) developed metachronous metastases. The most common metastatic site was the lung (43.5%), followed by the liver (30.4%), and systemic lymph nodes (21.7%). One patient (4.4%) had multi-organ involvement. The average time from diagnosis to surgery was 12.27 months (range: 1.5–18 months). Post-surgery, 6 patients (26.1%) experienced disease progression at an average of 6.6 months (range: 2.1–10.2 months) after surgery. The 3-year event-free survival (EFS) rate was 65.6%, and the 3-year overall survival (OS) rate was 94.1%. Two patients (8.7%) died, with an average survival time of 33.4 months.
Conclusions: This study suggests that metastasis-directed surgery, particularly for lymph node and visceral metastases, may improve survival outcomes in OM BC patients. The combination of surgery and personalized systemic therapy, guided by changes in tumor biology, holds promise for selected patients. The OLGA study provides a foundation for future research on benefits of metastasis-directed surgery within a multidisciplinary framework.

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