

Mobile Health Tool Helps Improve Quality of Life For Young Breast Cancer Survivors

YES tool delivers information based on patient-reported symptoms and concerns, as well as peer support from other young survivors.

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Adolescent and young adult breast cancer survivors who used a novel mobile health (mHealth) intervention to self-manage post-treatment symptoms and concerns were able to improve their quality of life and reduce the burden of common symptoms compared to patients who received usual care, according to results from a new clinical trial being reported at the 2025 San Antonio Breast Cancer Symposium (SABCS). The findings will be presented by [Dr. Ann Partridge](#), Founder and Director of the [Program for Young Adults with Breast Cancer](#) at Dana-Farber Cancer Institute.

For most breast cancer patients, many acute symptoms resolve following initial treatment, but the long-term physical, emotional, and psychosocial impact may become evident only in survivorship, when much less attention is paid to them by the health care system. Beyond causing distress for young survivors, these symptoms and concerns may influence longer-term decisions, including adherence to adjuvant therapy and optimal health behaviors, and thereby impact disease and survival outcomes.

Recognizing a need for accessible, scalable, and self-management interventions to support adolescent and young adult breast cancer survivors, Partridge and her colleagues piloted a study for the Young, Empowered, & Strong (YES) mHealth, a web- and app-based tool, to see if it would improve outcomes.

"Strategies to empower patients with the tools, skills, and support they need to fully recover have the potential to improve well-being for this large and growing population of adolescent and young adult breast cancer survivors and other survivors of a serious illness," said Partridge.

YES delivers information and support based on electronic patient-reported outcomes (ePRO) responses. For example, when a woman mentions particular symptoms (e.g., anxiety, pain, menopausal symptoms) or concerns (e.g., fertility, financial, body image concerns), she will receive tailored information and links to resources to address those issues in the YES portal.

Additionally, YES incorporates other complementary supportive care strategies, including an expressive writing platform and a monitored chat room with other young survivors for peer support.

In a multicenter randomized controlled trial of YES, Partridge and colleagues enrolled 360 women between the ages of 15 and 39 who were diagnosed with stage 0-III breast cancer within the last three years. After completing the Quality of Life in Adult Cancer Survivors (QLACS) questionnaire to evaluate their general (evaluating aspects such as emotional well-being, fatigue, pain, social relationships, and sense of purpose) and cancer-specific (evaluating aspects such as worry about the cancer coming back, changes in appearance, sexual problems, and the impact of cancer on health and outlook on life) quality of life at baseline, the patients were randomly assigned to the YES intervention (179) or to receive usual care (181).

At baseline, the mean QLACS scores for general and cancer-specific quality of life were 86.3 and 52.5 in the YES arm and 79.7 and 48.9 in the usual care arm. Higher QLACS scores indicate poorer quality of life.

After six months, mean QLACS scores for general quality of life decreased by 8.7 points in the YES arm and 1.6 points in the usual care arm, indicative of greater improvement of quality of life in the group randomized to YES. Further, mean cancer-specific quality of life scores decreased by 7.8 points in the YES arm and 3 points in the usual care arm. Overall, adjusted differences in the change from baseline to 6 months between the two arms were statistically significant favoring the YES arm, for both general quality of life (4.8-point greater decrease with YES) and cancer-specific quality of life (3.2-point greater decrease with YES).

“We designed YES to conveniently and repeatedly engage adolescent and young adult breast cancer survivors to self-manage their concerns and symptoms, and to provide additional opportunities for regular support,” says Partridge. “This is paradigm changing because most interventions using ePROs that have shown benefit have been with patients undergoing active therapy with high-touch clinician interaction, and now we have shown a low-touch intervention with limited clinician input can improve outcomes important to patients.”

Additionally, the trial looked at changes in certain symptoms from baseline evaluated by the PROMIS Fatigue scale, Center for Epidemiologic Studies Depression Scale (CES-D), and Breast Cancer Prevention Trial (BCPT) scale. After six months, arm and vaginal symptoms, common concerns in young breast cancer survivors, also improved significantly in the YES arm with a difference in mean change between the two arms of -0.57 for vaginal problems and -0.39 for arm problems. There was also a modest, but not statistically significant, improvement in fatigue. However, no differences were found between arms for CES-D-measured depressive symptoms or other BCPT symptoms, including hot flashes, nausea, bladder control, musculoskeletal pain, cognitive problems, and weight problems.

“The intervention did not appear to improve certain menopausal, anxiety, or depressive symptoms and we need to do more work to improve the tool,” Partridge said. “But this type of intervention

has the potential to improve the health and well-being of several other hard-to-reach populations, such as busy young adults and rural Americans who are less able to engage in person with cancer center resources and support.”

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