ASSOCIATION BETWEEN CHANGES IN QUALITY OF LIFE SCORES AND SURVIVAL IN ADVANCE NON-SMALL CELL LUNG CANCER PATIENTS

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ABSTRACT

Introduction

Patients with lung cancer experience a variety of distressing symptoms throughout the course of the disease and its treatment, adversely affecting functional status and quality of life (QoL). The vast majority of patients, do not have curative treatment options and therefore, the goal of therapy for such patients is prolongation of survival without negatively impactingQoL

Objectives

In the current study, we investigated whetherpretreatment quality of life parameters as well as changes in quality of life scores frombaseline, on day 7 and until second cycle after treatment could predict survival inpatients with stages III–IV non-small cell lung cancer.

Methods

In this retrospective study of fifty advanced non-small cell lungcancer (NSCLC) patients, we evaluated the impact of various quality of life (QOL)parameters as well as clinical features on patient survival. To evaluate the quality of life in this patient cohort, we used EORTC-QLQ-C30, quality of life questionnaire.

Results

n this study, we conducted the univariate and the multivariate analyses of potential predictive factors on survival in the advanced non-small cell lungcancer patients. We found a number of significant correlations among predictorvariables and survival. Notably, both baseline and time dependent change of quality oflife factors predicted overall survival in patients with NSCLC.

Conclusions

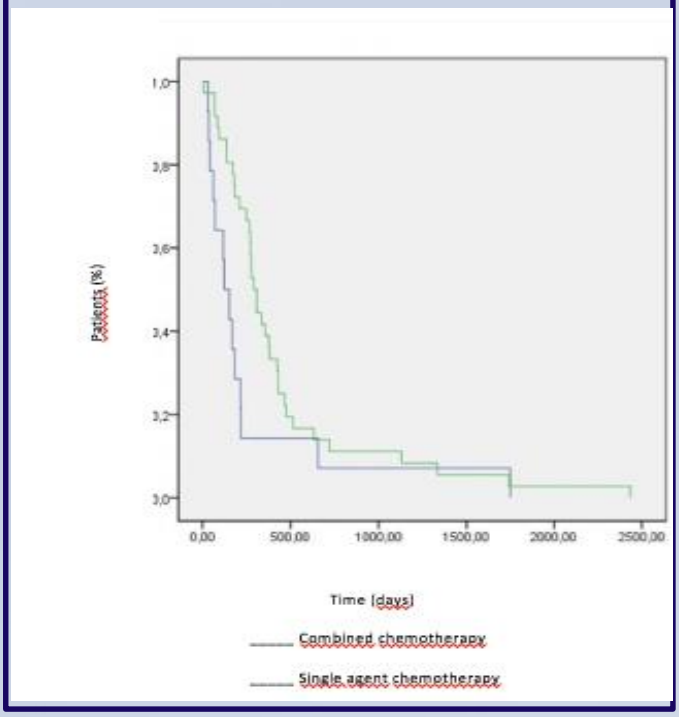
We think our findings have clinical implications to predict survival benefits in advanced stage NSCLC patients. We can utilise these predictive factors for a patient based treatment outcome.Therefore, we need to calculate various quality of life dimensions routinely in clinical practice, both at the beginning and then after chemotherapy in advanced non-smallcell lung cancer patients.

METHODS

In this retrospective study of fifty advanced non-small cell lung cancer (NSCLC) patients, we evaluated the impact of various quality of life (QOL) parameters as well as clinical features on patient survival. We basicly reported baseline and time dependent change of quality of life parameters and also correlated these parameters with overall survival. To evaluate the quality of life in this patient cohort, we used EORTC-QLQ-C30, quality of life questionnaire

RESULTS

In this study, we conducted both the univariate and the multivariate analyses of potential predictive factors on survival in the advanced non-small cell lung cancer patients. We found a number of significant correlations among predictor variables and survival. Notably, both baseline and time dependent change of quality of life factors predicted overall survival in patients with NSCLC.



CONCLUSIONS

We think our findings have clinical implications to predict survival benefits in advanced stage NSCLC patients. We can utilise these predictive factors for a patient based treatment outcome. We can also determine some target group of patients in which we need to improve some of the quality of life parameters. Therefore, we need to calculate various quality of life dimensions routinely in clinical practice, both at the beginning and then after chemotherapy in advanced non-small cell lung cancer patients.

REFERENCES

1. Akın S, Can G, Aydıner A, Özdilli K, Durna Z. Quality of life, symptom experience and distress of lung cancer patients undergoing chemotherapy. Eur J Oncol Nurs 2010; 14(5): 400-9.
2. Belani CP, Pereira JR, von Pawel J. Effect of chemotherapy for advanced non- small cell lung cancer on patients' quality of life. A randomized controlled trial. Lung Cancer 2006; 53(2): 231-9.
3. Gralla RJ, Griesinger F. Interpreting clinical trials in lung cancer: impact of methodology and endpoints. J Thorac Oncol 2007; 2 Suppl 2: 51-8.
4. Boyar M, Raftopoulos H. Supportive care in lung cancer. Hematol Oncol Clin North Am 2005; 19(2): 369-87