

Background

Despite the successful treatment of primary uveal melanoma (UM), metastasis occurs in up to half of the patients with UM, especially in those with predictive factors for metastasis.

To delay metastasis, adjuvant therapy with sunitinib malate or valproic acid (VPA) is used for high-risk patients with UM.

Therefore, assessing and addressing quality of life (QOL) during adjuvant therapy is essential to supportive care.

Methods

We analyzed longitudinal surveys of the Functional Assessment of Cancer Therapy - General (FACT-G) completed by high-risk patients with UM who participated in the randomized phase II clinical trial cohort 1 receiving 6 months of adjuvant sunitinib or VPA and cohort 2 receiving 12 months of adjuvant sunitinib at a single cancer center.

Data were obtained before the initiation of adjuvant therapy and at 1, 3, and 6 months in cohort 1 and at 1, 3, 6, 9, and 12 months in cohort 2.

We examined longitudinal associations of QOL with age range, sex, type of adjuvant therapy, and time of adjuvant therapy using generalized estimating equations (GEE) modeling under the autoregressive working correlation structure (AR1).

Results

There were 720 survey responses collected from 149 UM patients.

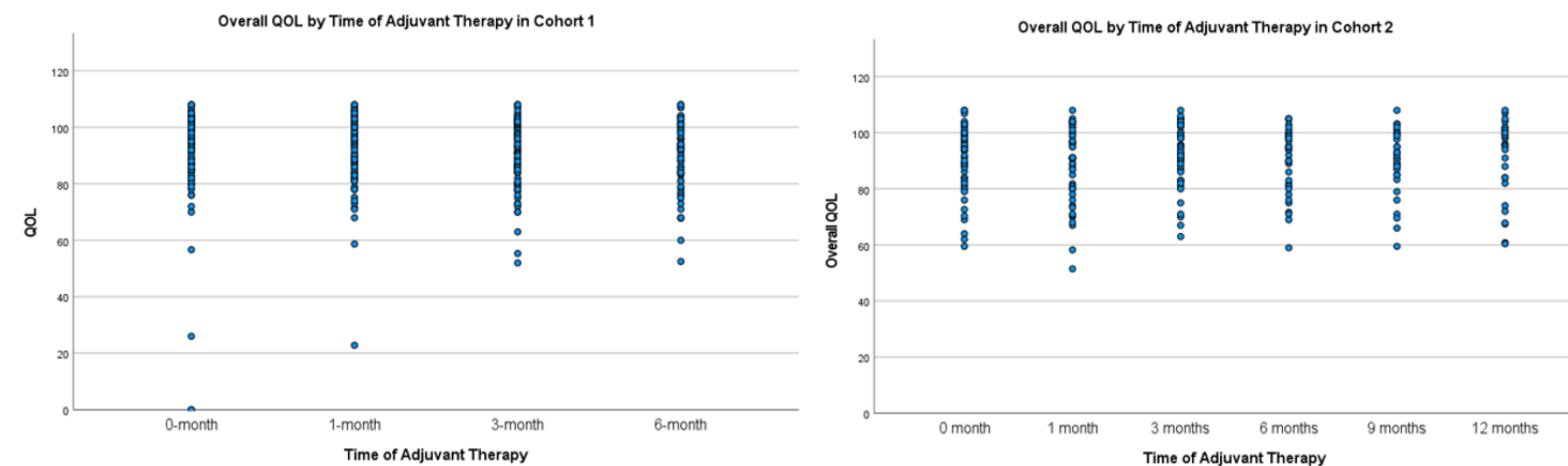
The majority were aged between 45-64 years (50%, n=75), male (54 %, n=81), white (95.3%, n=143), not Hispanic or Latino (96.7%, n=145). In our sample, 70.4% (Cohort 1a, n=45 and Cohort 2, n=60) were treated with sunitinib and 29.5% (Cohort 1b, n =44) with VPA.

There was no significant difference in the QOL between the sunitinib group 1a and the VPA group 1b (p=0.78).

There was no significant difference in the overall QOL by age range (p=0.135).

However, participants aged 18 to 44 years had significantly lower emotional well-being mean scores compared to participants aged 45 to 64 years and those aged 65 years and above (p=0.002).

There was no significant difference in the QOL by sex or the duration of adjuvant therapy.



Conclusion

In our high-risk patients with UM, QOL was maintained during adjuvant therapy with sunitinib or VPA.

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