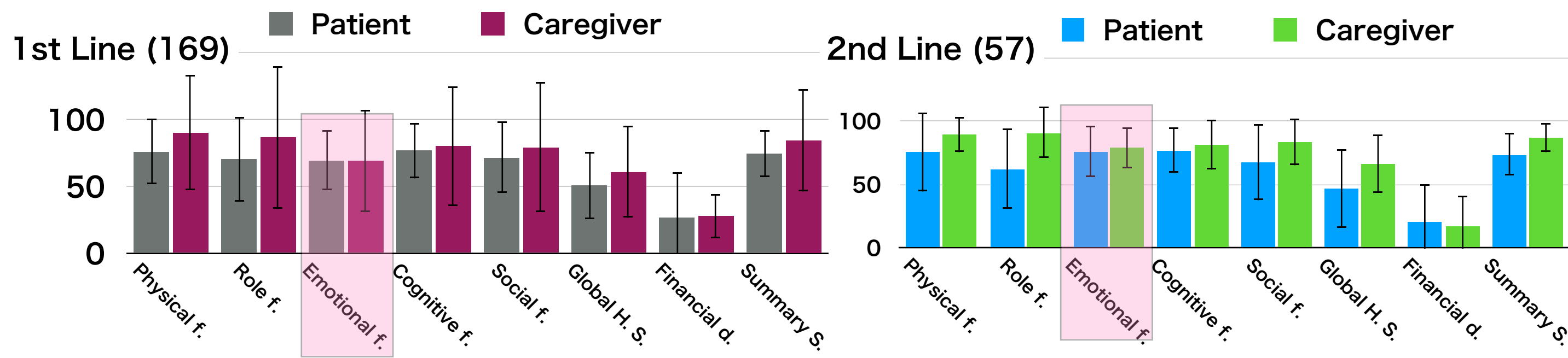


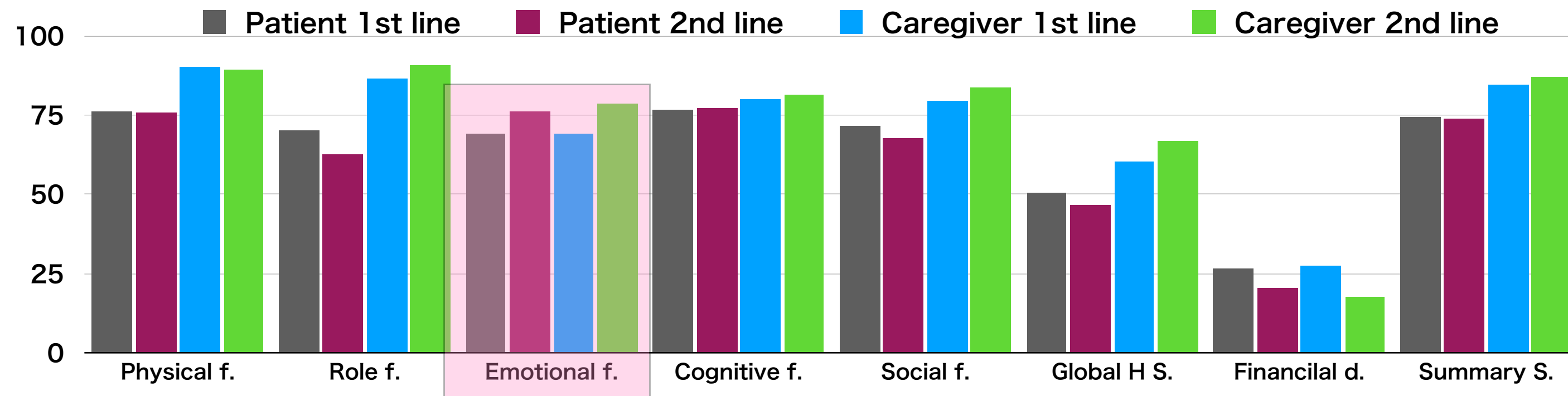
REPORTED OUTCOME OF CAREGIVERS AND PATIENTS UNDER PALLIATIVE CHEMOTHERAPY FOR SOLID TUMORS: A LONGITUDINAL ANALYSIS

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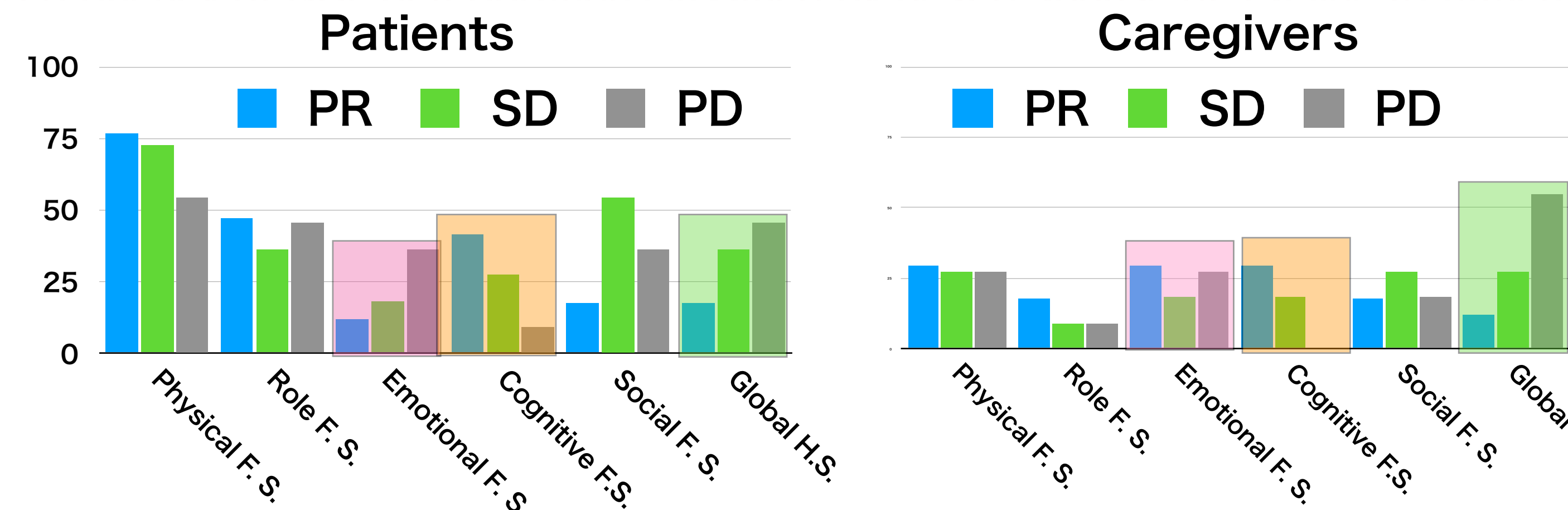
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Consecutively followed pairs (39)



Frequency of QOL deterioration classified by best response of 1st line treatment



(Introduction) Care and support of caregivers are still unmet needs against their impairment of quality of life (QOL) which we have reported (Takeuchi et.al. ann. oncol. 2019 vol.30 suppl 9, IX142). To deliver support appropriately for caregivers, we investigated the change of QOL of patients and caregivers during first line treatment.

Patients and Caregivers

	Patients			Caregivers		
	Male	Female	Age (year)	Male	Female	Age(year)
1st line (169)	116	56	70.6±9.3	50	119	64.7±11.6
2nd line (57)	33	23	67.3±11.0	18	38	64.2±10.6
Consecutively observed (39)	23	16	68.4±10.6	16	23	64.1±10.6

(Patients and Methods) This single institutional prospective study included 169 pairs of caregivers and patients undergoing the first-line palliative chemotherapy for solid tumors, and 57 undergoing second-line treatment. 39 pairs were observed consecutively for the first- and second-line treatment. All of them were investigated the QOL status by using EORTC-QLQ-C-30 on the beginning of 1st or 2nd line treatment. Best over-all response of first line treatment was classified “responder (RECIST PR and CR) and “non-responder (SD and PD).

Primary Lesions

	Pancreas	Large bowel	Stomach	Esophagus	Lung	Hepato-biliary	Head and neck	Unknown	Others
1st line (169)	52	30	26	17	9	21	5	2	7
2nd line (57)	11	7	18	7	5	5	2		2
Consecutively observed (39)	11	7	10	5	2	3	1		0

(Results) The emotional function, cognitive function, and global health scales (QOL) showed similar decline between the caregivers and the patients in the first-line group. The scales of patients were significantly lower than that of their caregivers **except for the emotional function scale** (paired t-test). In the second-line group, there was no significant difference in emotional function scale between patients and caregivers. At the beginning of the second-line treatment, there was no significant difference in each of the QOL score of patients and caregivers by best response of first-line treatment. With respect to **frequency of EORTC QLQ C-30 scale deterioration during first-line treatment** in consecutively observed patients and caregivers, 38% of calculated scales declined during first-line treatment in patients, and 22% in caregivers. Specifically, **deterioration of emotional function, cognitive function, and global health scales** were observed in caregivers as often as patients during the first-line treatment. **Discordance of direction of scale change** between patients and their caregivers during first-line treatment was observed in 58% cases. No relationship between the **frequency of scale deterioration** in caregivers and **best response of first-line treatment** (22% for PD, 23% for PR, 21% for SD) was observed. **Accordance of direction of each scale change** during first-line treatment between patients and their caregivers was not influenced by the best response of the treatment (39% for PD, 42% for PR, 45% for SD). Global health scale declined evidently in caregivers of patients with progressive disease against the treatment (PD). Interestingly, caregivers of patients with objective effect (PR) showed decline of emotional function scale more frequently than the patients.

(Conclusion) QOL of caregivers is impaired to some extent even at the beginning of palliative chemotherapy of the patients and changes independently to patients' QOL scales and outcome of the treatment. We had supposed some relief to caregivers' distress by means of the good outcome of the treatment and care for patients; however, these could not be solved simultaneously. Therefore, **we should recognise the caregivers as independent suffering people who need to be overseen and treated.**

Accordance of scale change direction during 1st line treatment

