HEALTH-RELATED QUALITY OF LIFE ASSESSMENT IN PATIENTS WITH DUCTAL CARCINOMA IN SITU Of THE BREAST - A SCOPING REVIEW

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Introduction

- Ductal carcinoma in situ (DCIS) comprises a significant portion of breast cancer diagnoses.
- It is unclear if issues impacting health-related quality of life (HRQoL) in patients with DCIS can be adequately assessed by existing HRQoL instruments.

Objectives

1) Evaluate the HRQoL issues in patients with DCIS
2) Determine if the HRQoL assessment instruments in use are adequate to measure their HRQoL

Methods

A scoping review of studies published between 1992 and 2022 was conducted using the keywords “Ductal carcinoma in situ” and “Quality of Life” in MEDLINE and EMBASE. Clinical trials, cohort, and retrospective studies which included HRQoL as an endpoint were included. The PROQOLID database was also searched to identify any HRQoL instruments validated in patients with DCIS. The searching, screening, and data extraction was performed by AWC. The items of the HRQoL instruments in use were compared with the HRQoL issues identified to assess the adequacy of the HRQoL instruments in capturing the HRQoL issues.

Results

Table 1
Common health-related quality of life issues in patients with ductal carcinoma in situ

Physical	**Risk perception**
Breast or chest pain	Worry about recurrence
Fatigue	Uncertainty about diagnosis
Insomnia	Uncertainty about treatment
Hot flashes and night sweat	**Body image and sexuality**
Shoulder stiffness	Interferes with sexual enjoyment
Psychological	Impaired body / sexual image
Anxiety	
Depression	

Table 2
Health-related quality of life instruments most frequently used in clinical studies in patients with ductal carcinoma in situ

Instruments	**No. of studies which used this instrument (percentage)**
Generic	
SF-36	8 (31%)
EORTC QLQ-C30	6 (23%)
SF-12	2 (8%)
ESAS	1 (4%)
Breast-specific	
BCTOS	1 (4%)
EORTC QLQ-BR23	1 (4%)
Psychological	
HADS	9 (35%)
CES-D	4 (15%)
Impact of Event Scale	3 (12%)
Risk Perception	
Cancer Worry Scale	2 (8%)
Cancer Worry Subscale of the Assessment of Survivor Concerns	1 (4%)
Body Image & sexuality	
Body Image Scale	3 (12%)
MBSRQ	1 (4%)
WSFQ Arousal and Sexual Satisfaction Subscales	1 (4%)
MOS Sexual Problems Scale	1 (4%)

Table 3
Limitations of some of the frequently used health-related quality of life instruments

Instruments	**Limitations**
SF-36 & SF-12	Does not cover breast pain, body image or sexuality
EORTC QLQ-C30	Same as above
EORTC QLQ-BR23 or its updated version QLQ-BR45	Has items related to chemotherapy side effects such as hair loss, hand foot syndrome and sensory neuropathy, which may not be relevant to patients with DCIS
Breast Cancer Treatment Outcome Scale	Does not cover psychological symptoms
The Hospital Depression and Anxiety Scale	Does not cover physical symptoms

Abbreviations: SF-36 = 36-Item Short Form Survey; EORTC QLQ-C30 = European Organization for the Research and Treatment of Cancer Core Quality of Life Questionnaire; SF-12 = 12-Item Short Form Survey; ESAS = Edmonton Symptom Assessment Scale; BCTOS = Breast Cancer Treatment Outcome Scale; EORTC QLQ-BR23 = EORTC Breast Cancer Specific Quality of Life Questionnaire; HADS = The Hospital Depression and Anxiety Scale; CES-D = Center for Epidemiological Studies Depression Scale; MBSRQ = Multidimensional Body-Self Relations Questionnaire; WSFQ = Watts Sexual Function Questionnaire; MOS = Medical Outcomes Study

Results (cont’)

Twenty-six studies were included. Common HRQoL issues were related to physical symptoms, psychological symptoms, body image and sexuality, and risk perception (Table 1). The most frequently used HRQoL instruments are listed in Table 2. No HRQoL instruments in use could adequately assess all the important HRQoL issues in patients with DCIS or had been validated in patients with DCIS. Limitations of the commonly used HRQoL instruments, such as EORTC QLQ-C30, SF-36, EORTC QLQ-BR23, HADS, and BCTOS, are listed in Table 3.

Conclusion

There is limited evidence in using HRQoL instruments to assess HRQoL issues in patients with DCIS. More research is needed to assess whether the instruments developed for invasive breast cancer could be adapted for use in patients with DCIS or a new module is needed.

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