Identifying patient profiles with distinct trajectories of health-related quality of life over time

CA Verberkt¹, NE Billingy¹, A Becker-Commissaris², C van den Hurk³, AKL Reyners⁴, YM van der Linden⁵, NJH Raijmakers³, HP Fransen³, I Walraven¹

¹Radboud University Medical Centre, Nijmegen, the Netherlands, ⁴University Medical Centres, Amsterdam University Medical Centre Groningen, Groningen, the Netherlands ⁵Leiden University Medical Centre, Leiden, the Netherlands

Introduction

- Yearly 38.000 patients are diagnosed with stage IV cancer in the Netherlands
- These patients experience several physical symptoms and impaired functioning
- Symptoms and functioning may interact and vary over time, making health-related quality of life different for each patient

Objective

Identify clusters of stage IV cancer patient with distinct trajectories of health-related quality of life and identify patients with impaired trajectories

Population and outcomes

- Population. Patients with stage IV cancer of eQuiPe¹ and SYMPRO-Lung² studies: 841 patients
 - Age: 65 years
 - Male: 50%
 - Tumour type: lung cancer (47%), gastrointestinal (18%)
 - Comorbidities: none (29%), 1-2 (56%), ≥3 (15%)
- Primary outcome. EORTC QLQ-C30 functioning and symptom scales, assessed at baseline, 3, 6, 9 and 12 months

References

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Contact

Cindy Verberkt, IQ Health science department Radboudumc Cindy.Verberkt@radboudumc.nl

Identifying high risk patients

- Model. Multinomial logistic regression, backward selection
- High risk population. 29% of patients showed trajectories of both high symptom burden and impaired functioning (see table)

	Impaired symptoms and functioning	P-value
	OR (95% CI)	
Age	0.97 (0.95-0.99)	0.001
Educational level (ref: low) • Medium • High	0.68 (0.42-1.08) 0.55 (0.33-0.90)	0.104 0.018
Comorbidities (ref: 0) 1-2 3 or more 	1.91 (1.17-3.16) 2.49 (1.29-4.81)	0.010 0.007
Stage IV trajectory (>36 months)	1.83 (1.20-2.80)	0.005

For more information on the study and detailed results, please scan the QR code







• Model calibration. In training (70%) and test data (30%)

Discussion

¹/₃ of patients shows impaired symptom burden and functioning

• Younger age, lower educational level, more comorbidities and a longer stage IV trajectory are predictive

This patient group should be offered evidence-based monitoring of symptoms and functioning

Conclusion

Patients with stage IV cancer develop healthrelated quality of life in distinct trajectories. Evidence-based symptom monitoring should at least be offered to patients with increased risk of impaired symptoms and functioning.







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