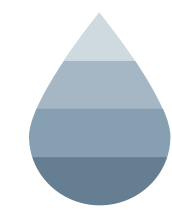


Impact of comorbidities on health-related quality of life in the first year after lymphoma or multiple myeloma diagnosis: a longitudinal population-based PROFILES study.

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Patient characteristics

N=261



Hematological malignancy
 Indolent lymphoma 29%
 Aggressive lymphoma 50%
 Multiple Myeloma 21%



Sex
 Male 63%
 Female 37%



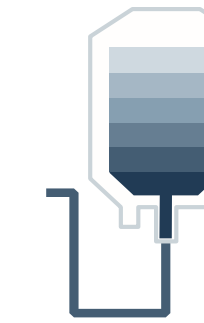
Age distribution
 Mean (SD) 64 (14)
 Range 19-86



Educational level
 Low 3%
 Medium 58%
 High 38%



Self-reported comorbidity
 No comorbidity 38%
 Mild comorbidity 33%
 Moderate-severe comorbidity 29%



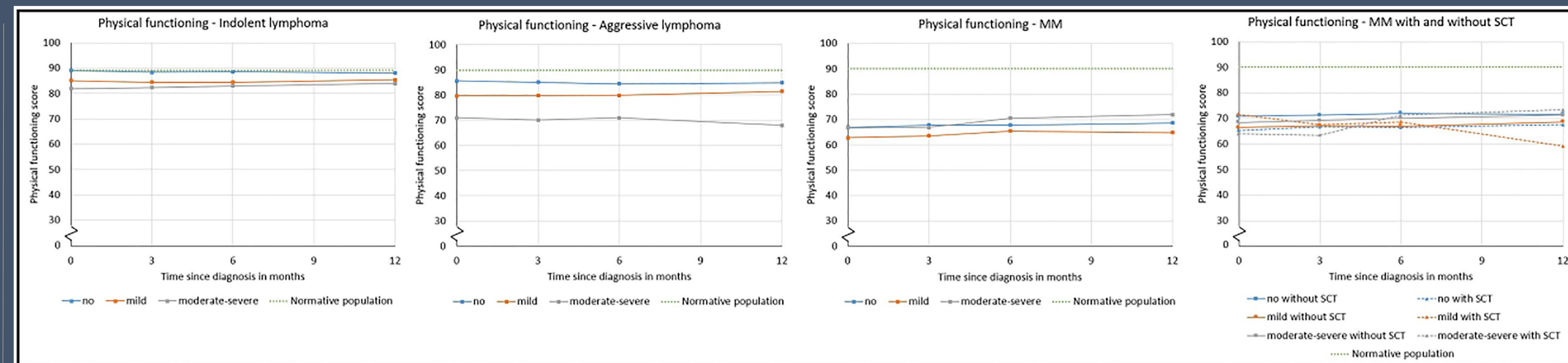
Initial treatment
 No systemic therapy 20%
 Systemic therapy 67%
 Systemic therapy + SCT 13%

Introduction

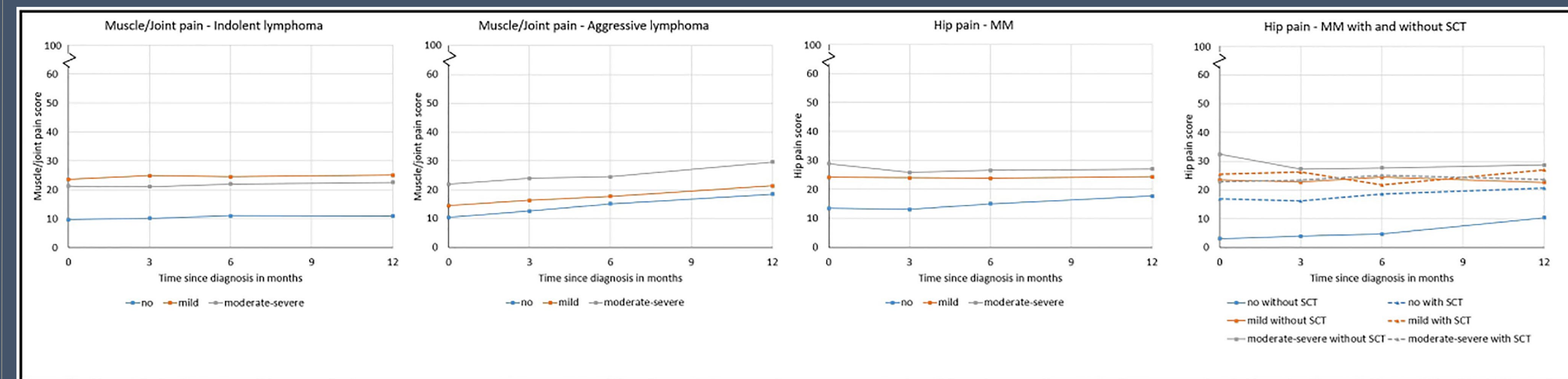
- Increasing prevalence of comorbidities in an ageing population
- Crucial to better understand the impact of comorbidities in relation to health-related quality of life (HRQoL) during the first year after diagnosis of hematologic cancer

Methods

- Patients diagnosed with lymphoma or MM between October 2020 and March 2023
- Longitudinal survey with EORTC questionnaires to measure generic and disease-specific HRQoL
- Evidence-based guidelines for interpretation of the EORTC questionnaires to identify clinical importance
- Classification into 'no comorbidity', 'mild comorbidity' (i.e. arthrosis or rheumatism), or 'moderate-severe comorbidity' (i.e. heart or lung disease), using the adapted Self-reported Comorbidity Questionnaire.
- Mixed-model analyses



Patients with mild or moderate-severe comorbidity have clinically relevant worse HRQoL at diagnosis and during the first year after diagnosis



Deterioration of physical functioning ($\beta=-7.9$, $p<0.05$), global health status ($\beta=-7.6$, $p<0.05$), bone pain ($\beta=8.1$ to 9.1 , $p<0.05$), muscle/joint pain ($\beta=14.5$ to 18.8 , $p<0.01$), muscle weakness ($\beta=10.4$ to 15.6 , $p<0.05$) was worse among those with mild or moderate-severe comorbidity

Results

- N=261 patients (67% response)
- Patients with mild or moderate-severe comorbidity more frequently reported deterioration in HRQoL over time than those without comorbidity
- Regardless of comorbidity, patients treated with more cycles of systemic therapy and/or SCT reported worse HRQoL.
- At 12 months post-diagnosis most domains of HRQoL had clinically relevant improved, irrespective of comorbidity
- Clinically relevant differences between comorbidity groups persisted over time

Conclusions

- The consideration of HRQoL among patients with comorbidities when making treatment decisions is important.
- This will improve symptom management in patients with comorbidity and help maintain HRQoL levels over time