THE USE OF EORTC QLQ-C15-PAL AND FACIT-PAL-14 HEALTH-RELATED QUALITY OF LIFE TOOLS IN PATIENTS WITH ADVANCED CANCER

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Introduction

- 'Advanced cancer' broadly refers to incurable malignancies, and many now experience 'living with and beyond cancer'
- o In patients without a curative treatment option, health-related quality of life (HR-QoL) becomes essential
- There are two validated HR-QoL tools specifically designed for patients with advanced cancer

Records excluded after abstract

Full-text records excluded, with

Retrospective studies (n = 53)

Full-text records with prospective

Validation studies (n = 12)

Duplicate (n = 1)

studies excluded, with reasons (n = 22):

Study development / design (n = 9)

Non-English (n = 2)

- o the Functional Assessment of Chronic Illness Therapy-Palliative (FACIT-
- European Organisation for Research and Treatment of Cancer Quality of Life Questionnaire Core 15 Palliative Care (EORTC QLQC15-PAL)

Aim

Evaluate the use of EORTC QLQ-C15-PAL and FACIT-Pal-14 in prospective studies in patients with advanced cancer

Methods

- Following PRISMA guidelines CINAHL, The Cochrane Library, EMBASE, and MEDLINE(R)ALL were searched from January 2006 to August 2024
- o Primary studies in English were included if they employed at least one of these two HR-QoL tools in advanced cancer.
- The following variables were extracted: study design, year and country of publication, number of patients included, type of malignancy, questionnaire used, study settings, and completion and adherence data with reasons for attrition

- - **Pal-14**)

Results

- o 60 articles met the inclusion criteria (Figure 1).
- o The wide spectrum of various malignant conditions were regarded as 'advanced cancer' (Table 1).
- o The EORTC QLQ-C15-PAL was used in 55 (91%) studies, the FACIT-Pal-14 in 4 (7%) studies and 1 (2%) study used both questionnaires.
- o In 46 (76%) studies, the EORTC and/or FACIT questionnaire was used in conjunction with other questionnaires.
- o In studies reporting multiple time points for completion, adherence rate ranged from 2 to 100% (mean 70%).

Number of Number of studies (n = 60)studies (%) Advanced cancer definitions 19 (32%) Advanced 19 (32%) Metastatic Incurable/terminal/short life expectancy/ 10 (17%) end-stage cancer 5 (8%) Stage III and IV Patients with cancer in palliative care 2 (2.5%) Malignant inoperable obstruction 2 (2.5%) 1 (2%) Recurrence 1 (2%) Progressive glioblastoma 1 (2%) Oncological or haem-oncological malignancy requiring haematopoietic stem cell transplantation

Conclusions

- There is a wide range of utilization of the EORTC QLQ-C15-PAL and FACIT-Pal-14 in prospective studies.
- Both tools have been successfully implemented in a variety of study settings, study designs, and tumour types.
- When selecting between the EORTC and FACIT outcome measure for clinical research, it is important to consider the specific objectives, patient population, treatment type, and available resources and expertise.

Table 1. Terminology used in the analysed papers to identify 'advanced cancer'

References

- Oldenburger E, Devlies J, Callens D, De Roo ML. Patient-reported outcomes versus proxy-reported outcomes in supportive and palliative care: a summary of recent literature. Curr Opin Support Palliat Care 2023;17:113-118.
- Seiler A, Amann M, Hertler C, et al. Effects of dignity therapy on psychological distress and wellbeing of palliative care patients and family caregivers a randomized controlled study. BMC Palliat Care 2024;23:73.
- > Aiyegbusi OL, Cruz Rivera S, Roydhouse J, et al. Recommendations to address respondent burden associated with patient-reported outcome assessment. Nat Med 2024;30:650-659.

Original records identified through online

databases searching on August 27, 2024

(n = 138)

Records after duplicates

removed

(n = 137)

Full-text articles assessed for

eligibility (n = 135)

Studies included in analysis

(n = 60)

Figure 1. PRISMA diagram