Health Gains in Oncology

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Aims

Breast cancer is the most prevalent cancer in women and, globally, the first cause of death from cancer among women. Despite its high incidence rates in Western countries, 89% of women are still alive five years after their diagnosis. Prostate cancer is the second leading cause of cancer death in men. The incidence rate for prostate cancer has increased since 1980 with lower but increasing incidence in less developed countries.

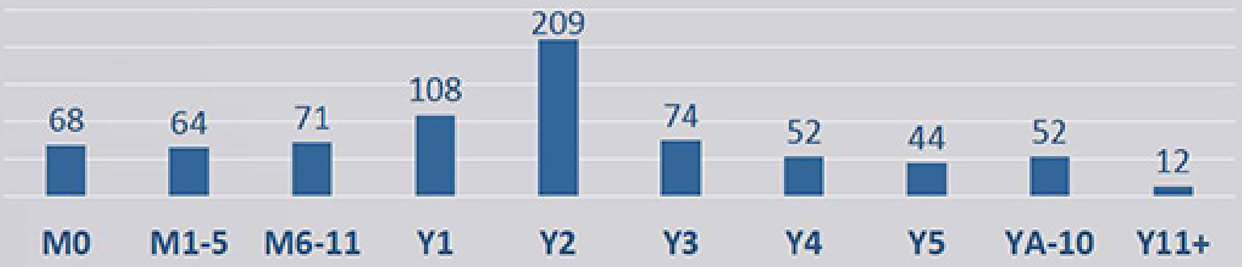
This study aimed to evaluate the HRQoL by different instruments and to obtain health utilities for breast cancer and prostate cancer after the implementation of a routine HRQoL assessed in the Portuguese Cancer Institute, in Porto (IPOP) in order to explore factors related to an impaired HRQoL.

Methods

During three months, patients admitted at the IPOP's Breast and Urology Units were asked to complete the EORTC QLQ-C30, modules BR23 (breast) and PR25 (prostate), SF-12, EQ-5D-3L with VAS. The Portuguese value set was used to derive the EQ-5D index and the SF-12 summary scores were computed from a representative sample-based algorithm. Socio-demographic and clinical variables were also collected.

Results

A sample of 628 consecutive outpatients with breast cancer filled the questionnaire. Their mean age was 52.5±10.0 years, 32.5% had a diagnosis prior one year and 33.0% have had a diagnosis between two and four years ago.



The functional status dimensions measured by the QLQ-C30 showed high scores, ranging from 66.2 to 79.7 in a 0 to 100 scale. However, the overall HRQoL score 60.5 reveals high levels of symptom burden, especially insomnia, fatigue and financial difficulties. In what concerns breast cancer's specific symptoms, the body image (78.1) and the upset by hair loss (39.5) were the worst symptoms.

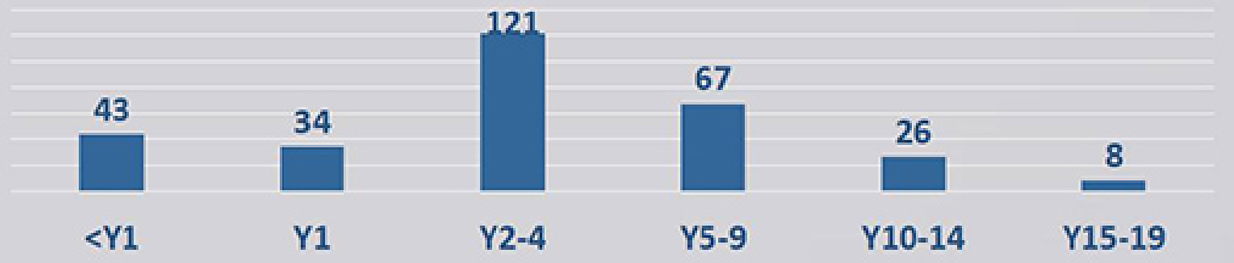
Both physical and mental summary SF-12 components were slightly lower than 50, mainly because of the low scored dimensions general health (40.8) and vitality (46.6). On the other hand, the EQ-5D index was 0.62±19.7 with 20% of patients scoring higher than 0.8 and six (0.9%) of patients scoring utility values worse than death.

Elderly breast cancer patients always showed lower QLQ-C30 functional status, higher symptom burden and lower health utility scores.

EQ-5D	
Min	-0.50
Max	1.00
Mean	0.62
St deviation	0.30

VAS	
Min	0.0
Max	100.0
Mean	65.7
St deviation	19.7

A sample of 300 prostate patients filled the questionnaire. Their mean age was 71.2±8.9 years and had mainly two to four years after diagnosis and a low literacy.



The overall quality of life measured by the EORTC QLQ-C30 reached 58.3 and patients' functional state ranged between 80.0 and 84.6. The most adverse general symptoms were insomnia, fatigue and financial difficulties. The specific measure PR25 showed that the intensity of symptoms was higher in the sexual activity functional status.

Physical and mental summary SF-12 components were 47.3 and 47.6 and the mean EQ-5D score was 0.80±0.29 with mean VAS 54.6±14.0. 1.33% of patients scored utility values lower than death.

Except for the role function, all QLQ-C30 mean scores were lower for the oldest. Only dyspnoea, pain, diarrhoea, and financial difficulties increased among the oldest. Accordingly, the EQ-5D index and the VAS decrease for this age group.

EQ-5D	
Min	-0.50
Max	1.00
Mean	0.80
St deviation	0.29

VAS	
Min	15.0
Max	90.0
Mean	54.6
St deviation	14.0

Conclusions

This project evidenced the feasibility of a systematic quality of life measurement as part of a regular patient's clinical file perfectly integrated on a clinical information system. Doing so, it is possible to measure the value a patient may gain in being treated in a clinical setting, with a particular organization, following a particular treatment and by a particular team.

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