Health Related Quality of Life

The impact on Morbidity and Mortality

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KEYWORDS

- Health-related quality of life • Psychosocial symptom burden
- Physical symptom burden • Financial burden

KEY POINTS

- Overall health-related quality of life has been associated with risk of mortality and cancer-related outcomes.
- Assessment and intervention of psychosocial and physical symptom burden can improve the experiences of patients with cancer and may improve survival.
- The growing financial burden experienced by patients also requires assessment and intervention, without which outcomes are worsened.

INTRODUCTION

In the age of ever-expanding treatments and precision medicine, the hope for cure remains the ultimate goal for patients who have cancer and their providers. Equally important to many patients is the quality of life (QOL) achieved during and after treatment. Health-related QOL (HRQOL) is generally accepted as a multidimensional assessment of how disease and treatment affect a patient's sense of overall function and wellbeing.[1] The US Food and Drug Administration (FDA) officially defines HRQOL as "a multidomain concept that represents the patient's general perception of the effect of illness and treatment on physical, psychological, and social aspects of life."[2] HRQOL is among the accepted primary outcomes in cancer trials for the FDA owing to its recognized importance to patients.

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A primary reason for the emphasis on HRQOL, even at the drug-approval level, is that, beyond the general principle of wanting patients to live well and longer, HRQOL is increasingly acknowledged as crucial to patient overall outcomes. Quinten and colleagues[3] conducted a meta-analysis of the European Organization for Research and Treatment of Cancer (EORTC) clinical trials to examine this question. The EORTC Quality of Life Questionnaire (QLQ)-C30 is among the most used validated HRQOL questionnaires. It consists of 30 questions along with disease-specific versions (eg, breast, prostate, multiple myeloma). Quinten and colleagues[3] reviewed 30 randomized controlled trials that used the EORTC measure and evaluated survival data. Eleven different cancer diagnoses were identified: esophageal, pancreas, ovarian, testicular, breast, head and neck, prostate, brain, lung, colorectal, and melanoma. The investigators found that physical functioning, pain, and appetite loss as measured by the EORTC QLQ-C30 were statistically significant prognostic variables. Moreover, when these categories were combined, overall survival prognostication was 6% more accurate than when using sociodemographic (eg, age) and clinical characteristics (eg, metastatic disease state) alone.

Furthermore, Epplein and colleagues[4] examined QOL in relation to survival in 2230 survivors of breast cancer. They found that women in the top one-third of social wellbeing by QOL score had a 38% decreased risk of mortality compared with the bottom third at 6 months. Also, they found a 48% decreased risk of breast cancer recurrence when comparing the top third and bottom thirds of the social wellbeing QOL score. Of note, although this was statistically significant at 6 months, there was no difference in QOL at 36 months. The investigators concluded that the first year of social wellbeing after diagnosis was most likely to be associated with recurrence and mortality.

Another study in subjects with head and neck cancer used the EORTC measure and developed a general sum score with a hazard ratio (HR) of 5.15 that was predictive of survival.[5] In looking at the individual components of the EORTC measure, McKernan and colleagues[6] found that in subjects with gastroesophageal cancer who received surgery with either a curative intent or palliative treatment, physical functioning, physical symptoms (eg, appetite loss, constipation, fatigue), cognitive function, social functioning, role function, and global QOL were all significantly associated with cancer-specific survival on univariate analysis. Similarly, Braun and colleagues[7] found that multiple components of the EORTC QLQ-C30 scale, such as physical function, social function, emotional parameters, and physical symptoms, predicted survival in univariate analysis in prostate cancer. Braun and colleagues[8] also examined the EORTC QLQ-C30 in relation to non-small cell lung cancer and found that every 10-point increase in global QOL was associated with a 9% increase in survival and that a 10-point increase in physical function was associated with a 10% increase in survival.

Thus, evidence suggests that overall QOL is important to patients and plays a role in determining outcomes in patients with cancer. This article examines components of HRQOL and cancer treatment, including the (1) physical, (2) psychosocial, and (3) financial burdens. It examines how these components of HRQOL affect patients' overall wellbeing and survival.

PHYSICAL BURDEN

The physical symptoms related to cancer and associated treatments are traditionally the most recognized and studied of the QOL components. Patients will often reference physical symptoms when discussing QOL concerns as they relate to treatment options.

Assessing the burden of these symptoms is essential. Many validated tools assess physical symptoms in relation to QOL, such as the physical symptom portion of the

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