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Original Research

Evaluation of the information given to patients undergoing head and neck cancer surgery using the EORTC QLQ-INFO25 questionnaire: A prospective multicentric study

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Abstract ***Aim:*** Providing head and neck cancer patients with adequate information is essential to their confidence and satisfaction regarding medical care. The aims of this study were to evaluate patient perceptions of the information received, the predictive factors of such perceptions and their potential correlation with patient quality of life (QoL).

Methods: We conducted a prospective multicentric study using the European Organization for Research and Treatment of Cancer (EORTC) QLQ-INFO25 and QLQ-C30 questionnaires before and after surgery.

Results: This study enrolled 200 patients, 149 men and 51 women, mean age 63.5 ± 10.3 years. Before and after treatment, global QLQ-INFO25 scores were 39.3 and 42.5, respectively, whereas satisfaction with the information received scores were 69.9 and 58.1, respectively. Regarding EORTC QLQ-INFO25 scores, between the pre- and post-treatment periods, we observed a significant increase in three scales/items (information about other services,

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information about different places of care and information about things you can do to help yourself) and a significant decrease in two scales/items (satisfaction with the information received and overall the information has been helpful). Before and after treatment, global QoL scores were 62.7 and 61.0, respectively. Overall, we found low correlations between QLQ-INFO25 and QLQ-C30 scores. Patient age and education level, centre of care, tumour site and treatment characteristics had a significant impact on QLQ-INFO25 scores.

Conclusion: Perceived information was satisfactory in the perioperative period for head and neck cancer patients. Several demographic and clinical factors were identified as significant predictors of QLQ-INFO25 scores.

1. Introduction

There are approximately 500,000 new cases of head and neck squamous cell carcinoma (HNSCC) annually worldwide [1]. HNSCC represents the sixth cause of cancer death [1]. Surgery has a central role in the primary therapeutic management of this disease, but can lead to significant impairments in vital functions such as swallowing, speech, and breathing and, finally, can affect patient quality of life (QoL) [2]. Provision of comprehensive and personalised information to patients undergoing surgery for HNSCC is therefore essential. Information given to cancer patients about the disease and its treatment is a major pillar of supportive care [3]. Providing cancer patients with adequate information has many benefits: shared decision making; greater satisfaction with care; improvement in patients' sense of control; lower levels of affective distress; better communication with the patient's family; and better QoL [4–6]. Communication is more effective when health professionals evaluate patients' views on the information provided [4]. Cancer patients do not always report having received sufficient information [7]. Moreover, clinicians' and patients' priorities on information disclosure may not always coincide, and patients' wishes may change over time [6]. There is no published study assessing the information provided to patients undergoing surgery for HNSCC using an appropriate and validated instrument of evaluation. There is also no data on the correlation between patient information and QoL in the field of HNSCC.

The aims of this prospective study were to evaluate patient perceptions of the information received, the predictive factors of such perceptions and their potential correlation with patient QoL.

2. Materials and methods

2.1. Patients

All patients who underwent primary surgery for a previously untreated HNSCC, between 1st March 2012 and 31st July 2014, were enrolled in this prospective multicentric study (three tertiary care centres). Each included patient had to sign a specific consent form. The protocol and all accompanying material provided to patients were reviewed and approved by institutional ethics committees prior to the start of the study. Postoperative adjuvant radiotherapy, with or without concurrent chemotherapy, was administered when indicated based on the patient's general health status, tumour stage and adverse pathological features. Patients were staged according to the 2009 American Joint Committee on Cancer staging system. We defined three levels of surgical procedures as follows: level I—minor surgical procedures without tracheotomy, surgical defect closed directly or reconstruction with small local flaps (e.g. endoscopic laser cordectomy, marginal glossectomy with direct closure with or without neck dissection …), level II—intermediate surgical procedures requiring tracheotomy or reconstruction with regional (cervical or thoracic pedicle) flaps (e.g. open partial laryngectomy, total pharyngolaryngectomy [TPL], oropharyngectomy with pectoralis major myocutaneous flap reconstruction …), and level III—major surgical procedures requiring free-flap reconstruction (oropharyngectomy with radial forearm free-flap reconstruction, mandibulectomy with fibula free-flap reconstruction …).

2.2. Questionnaires

Patients completed the French versions of the European Organization for Research and Treatment of Cancer (EORTC) information module questionnaire (QLQ-INFO25) and the EORTC Core Quality of Life Questionnaire (QLQ-C30) before surgery and at 6 months after the end of the treatment. Patients who were not fluent in French or who could not answer the EORTC questionnaires for physical, psychological, or other reasons were excluded from the study. The 6-month post-treatment questionnaires were not completed in case of death or tumour recurrence before the sixth post-treatment month.

The EORTC QLQ-INFO25 has 25 items organised in four hypothesised scales: information about the disease