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Impact of chemotherapy on health status and symptom burden of colon cancer survivors: A population-based study

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ABSTRACT

Background: This population-based study assessed the impact of chemotherapy on general and disease-specific health status of resected colon cancer survivors up to 10 years post-diagnosis.

Patients and methods: Colon cancer survivors diagnosed between 1998 and 2007 were selected from the Eindhoven Cancer Registry. Survivors completed the SF-36 and the EORTC colorectal module (EORTC-QLQ-CR38). Comparisons to a normative population were conducted. Multiple linear regression analyses investigated the association between treatment and health status.

Results: Eight hundred and forty eight survivors were evaluated: 29% had chemotherapy (CT); 71% without chemotherapy (nCT). Survivors had similar SF-36 scores and scored better than the normative population on several domains. On the EORTC-QLQ-CR38, male nCT survivors had more sexual problems than CT survivors ($p = 0.01$). Among the sexually active respondents, the survivors reported sex to be less enjoyable than the normative population ($p = 0.02$). In multivariate analyses, CT predicted better physical function, and less male sexual dysfunction and weight loss problems than nCT.

Conclusions: Overall, CT survivors have general health status scores comparable to nCT survivors and the normative population up to 10 years since initial diagnosis. Sex-related problems among survivors suggest more attention on this often sensitive issue is required in clinical management.

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1. Introduction

Colon cancer accounts for over 6000 new cases annually in The Netherlands.¹ Survival after colon cancer has increased with earlier detection and the provision of adjuvant chemotherapy for stage III tumours.² Indication for adjuvant chemo-

therapy is broadening to include patients with prognostic unfavourable stage II disease.³

The number of colon cancer survivors in The Netherlands is projected to double from 34,000 in 2000 to approximately 67,000 by 2015,⁴ of whom >50% will be long-term survivors (>5 years after diagnosis).⁵ Data on the long-term effects of

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chemotherapy on general well-being in colon cancer survivors are limited.^{6,7} Patient-reported outcomes such as health status is regarded as an important indicator of treatment efficacy.⁸

Research suggests that the health status of colon cancer survivors improves over time since diagnosis^{9,10} and that prior treatment was not associated with symptom prevalence.¹¹ However, small sample sizes,^{12–14} use of non-validated health status questionnaires¹¹ or inclusion of rectal cancer survivors¹² call for cautious interpretation of these results.

Our study aimed to assess the general and disease-specific health status of resected colon cancer survivors up to 10 years post-diagnosis who either received chemotherapy (CT) or did not receive chemotherapy (nCT). We hypothesised that CT survivors will have poorer general and disease-specific health status compared to nCT survivors, independent of time.

2. Methods

2.1. Setting and participants

This study is part of a long-term follow-up assessment of colon cancer survivors registered with the Eindhoven Cancer Registry (ECR). The ECR compiles data of all individuals newly diagnosed with cancer in southern Netherlands, an area with 10 hospitals serving 2.3 million inhabitants.¹⁵ For this study, all patients identified from ECR and diagnosed with colon cancer in 1998–2007 were eligible for participation. From the 3281 eligible patients, we randomly selected 1481 survivors using weights based on sex and year of diagnosis (Fig. 1). The weights were derived from the total distribution of colon cancer survi-

vors in the ECR region. Survivors with shorter years since diagnosis were oversampled for inclusion in future follow-up assessments. Data collection started in January 2009. A local certified Medical Ethics Committee approved this study.

2.2. Data collection

Colon cancer survivors were informed of the study with a letter from their (ex)-attending surgeon. The letter explained that by completing and returning the enclosed questionnaire, survivors consented to participate in the study and agreed to the linkage of the questionnaire data with their disease history in the ECR. Survivors were reassured that non-participation had no consequences on their follow-up care or treatment. Non-respondents were sent a reminder letter and the questionnaire within 2 months.

2.3. Measures

General health status was assessed with the validated Dutch version of the SF-36 questionnaire which has eight subscales: physical function, role limitations due to physical health, bodily pain, general health perceptions, vitality, social function, role limitations due to emotional health and general mental health.¹⁶ All scales were converted to a 0–100 linear scale according to standard scoring procedures. Higher scores indicate better health status. The SF-36 scores of the patient sample were compared to an age- and sex-matched Dutch normative population.¹⁶

Disease-specific health status was assessed with the Dutch validated European Organization for Research and

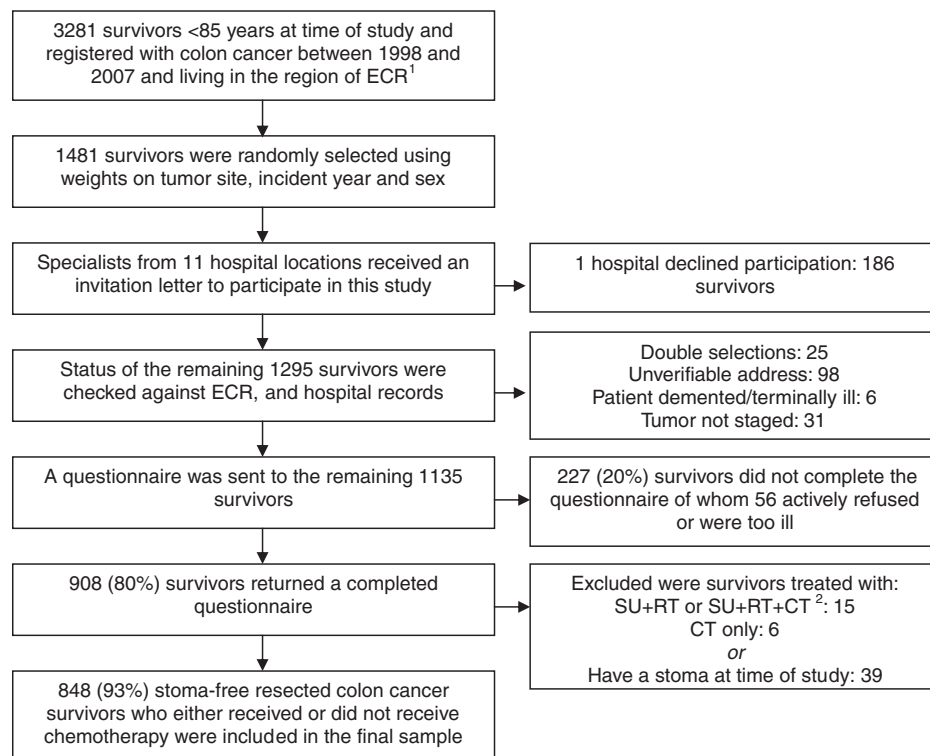


Fig. 1 – Flow-chart of the data collection process. ¹ECR: Eindhoven Cancer Registry; ²SU: surgery; RT: radiotherapy; CT: chemotherapy.

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