"A clinician's view of HRQL in Oncology: Is it Worth It? Does it Matter?

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Yes.

One in three people will develop cancer during their lifetime.

- The majority of patients will not be cured.

Changed perspectives

- The time when oncologists could dream to “cure” all cancers is over
  - The end of the eradicating paradigm
- Cancer has changed
- Cancer treatment has changed

Trends in cancer therapy favour more supportive treatments

- More effective therapies
  - Longer survival times
  - More aggressive regimens
  - Availability of 1st, 2nd and 3rd line regimens

- Important considerations
  - Functional status can affect response rates
  - Patient quality of life matters
  - Patients willing to try aggressive therapies for the chance of a cure or significant palliative effects

QoL vs Response

- 2nd, 3rd and 4th line chemotherapies SELDOM have 'major' response rates, SELDOM have durable 'responses', and yet clinicians (and patients) are certain that overall they are of benefit

All patients deserve the best QoL

CURATIVE INTENT OR PROLONGED REMISSION POSSIBLE

- maintaining the most “normal” QoL is desirable.
- Within the context of cure intensive and difficult treatments are acceptable in attaining that cure

All patients deserve the best QoL

INCURABLE DISEASE

- accept the goals of “overall” quality of life while attaining “best” survival

Do patients agree with this philosophy?

QoL in NSCLC
Preferences for Chemotherapy :
Descriptive Study based on Scripted Interviews

Objective:

How do patients value the trade off?

- **Survival benefit**
- **Symptomatic improvement**
- **Toxicity of treatment**

Silvestri et al: BMJ 1998. 771-5

Preferences for Chemotherapy :
Descriptive Study based on Scripted Interviews

Subjects:

81 patients with metastatic NSCLC

previously treated with Cis-Platinum based chemotherapy

Silvestri et al: BMJ.1998:771-5

Preferences for Chemotherapy:
Descriptive Study based on Scripted Interviews

- MINIMUM Survival Threshold for accepting the toxicity of chemotherapy varied widely 1 week to 24 months

- MEDIAN Survival Threshold was
  4.5 months if mild toxicity
  9.0 months if severe toxicity

Silvestri et al: BMJ.1998:771-5

Preferences for Chemotherapy:
Descriptive Study based on Scripted Interviews

- For a survival benefit of 3 months - 22% (18/81 would choose chemo)

- For a substantial reduction in symptom without prolonging life - 68% (55 /81) would choose chemotherapy

Silvestri et al: BMJ.1998:771-5

Why assess QOL?

There are some things that a CT scan can’t measure.

Patients' perceptions of chemotherapy
- some progress in 20 years

Coates’study (1983)

- 99 patients
- Out patients
- 40 % males / 60 % females
- Median age : 52 [18 - 78]
- Advanced cancer
- Chemotherapy within 4 weeks

Coates'study (1983) Results

1 - Vomiting

2 - Nausea

3 - Loss of hair

4 -Thought of coming for treatment

5 - Length of time treatment taken at the clinic

6 - Having to have a needle

7 - Shortness of breath

8 - Constantly tired

9 - Difficulty sleeping

10 - Affects family or partner

11 - Affects work / home duties

12 - Trouble finding somewhere to park

13 - Feeling anxious or tense

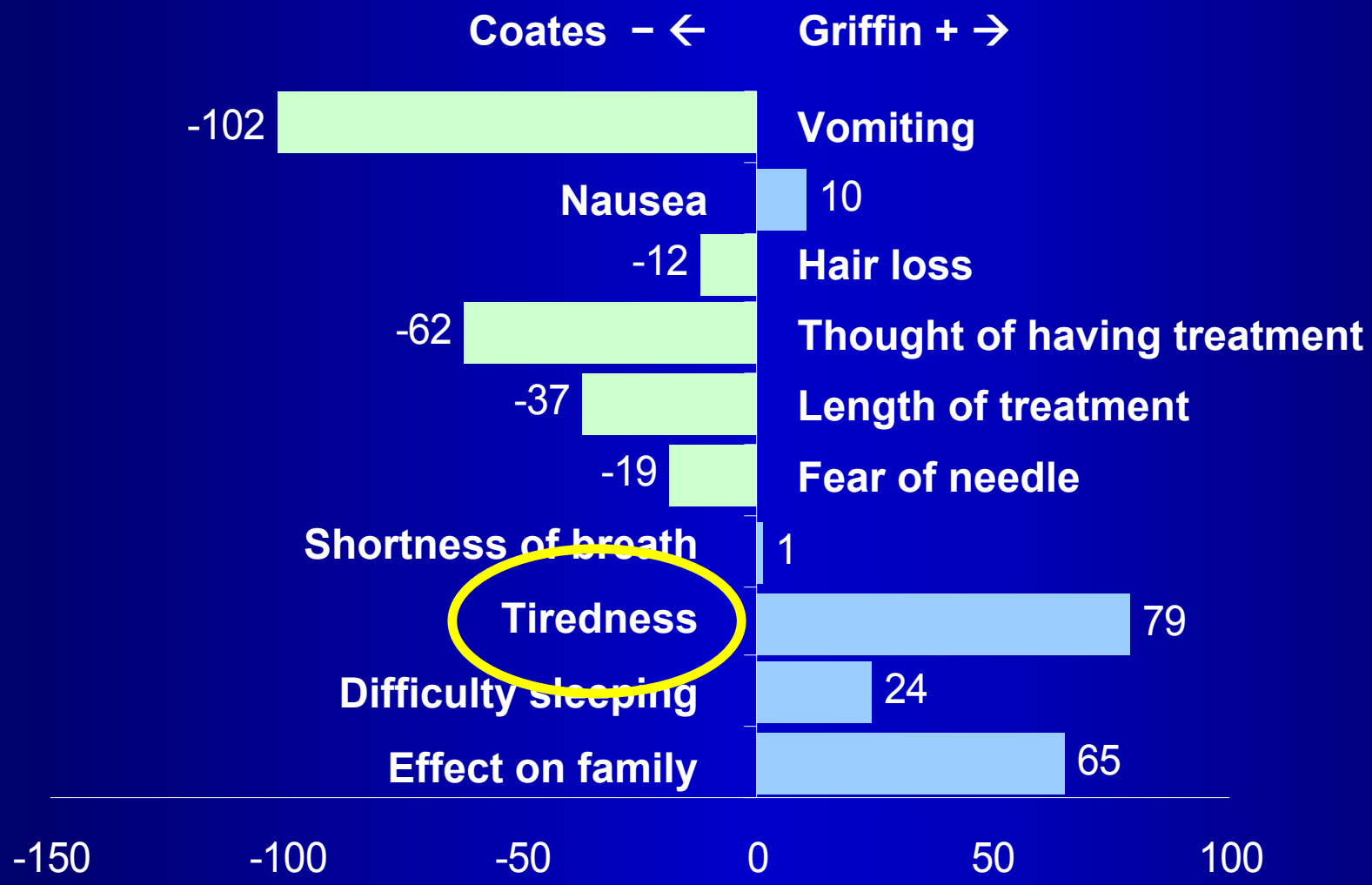
14 - Feeling low, miserable (depression)

15 - Loss of weight

Griffin’study (1993)

- 155 patients
- Out patients
- 24 % males / 74 % females
- Median age : 49
- Advanced cancer

Patients perception
Coates 1983 vs. Griffin 1993



SOMPS Study : 2000

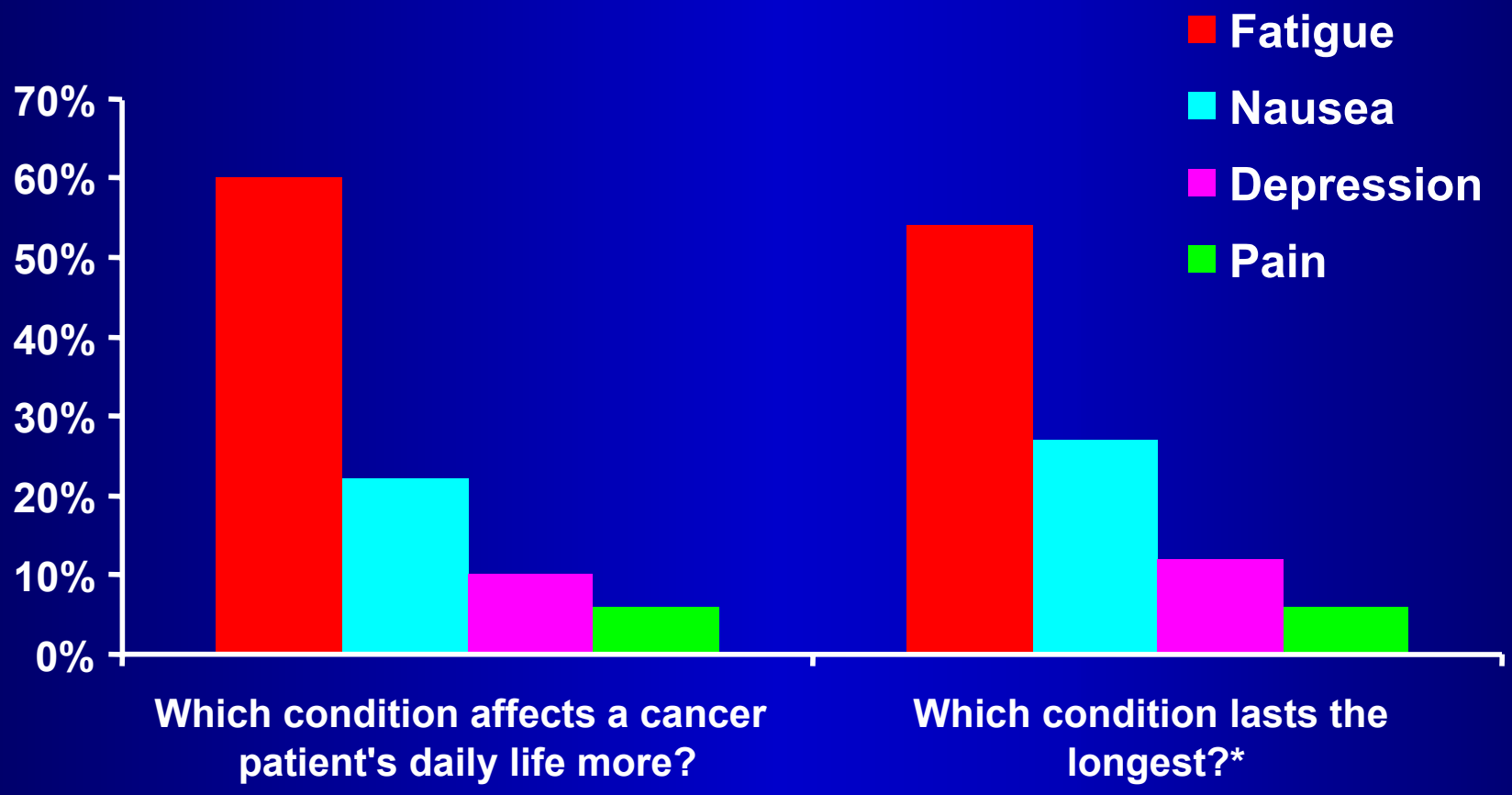
- 100 patients
- 65 % females / 35 % males
- Median age : 58 [27 - 89]
- Out patients
- Advanced cancer
- Main tumors : - Breast (40)
  - GI (19)
  - Lung (7)
  - Ovarian (9)

Carelle 2002

Comparison 1983 with SOMPS 2000

Symptom	Ranking in 1983	Ranking in 2000
Vomiting	1	30
Nausea	2	11
Loss of hair	3	2
Thought of coming for treatment	4	22
Length of time treatment takes at the clinic	5	32
Having to have a needle	6	Never chosen
Shortness of breath	7	10
Constantly tired	8	3
Difficulty sleeping	9	19
Affects family or partner	10	1
Affects work / home duties	11	4
Trouble finding somewhere to park	12	47
Feeling anxious or tense	16	
Feeling low, miserable (depression)	14	12
Loss of weight	15	23

Fatigue is most prevalent and longest-lasting cancer-related side effect

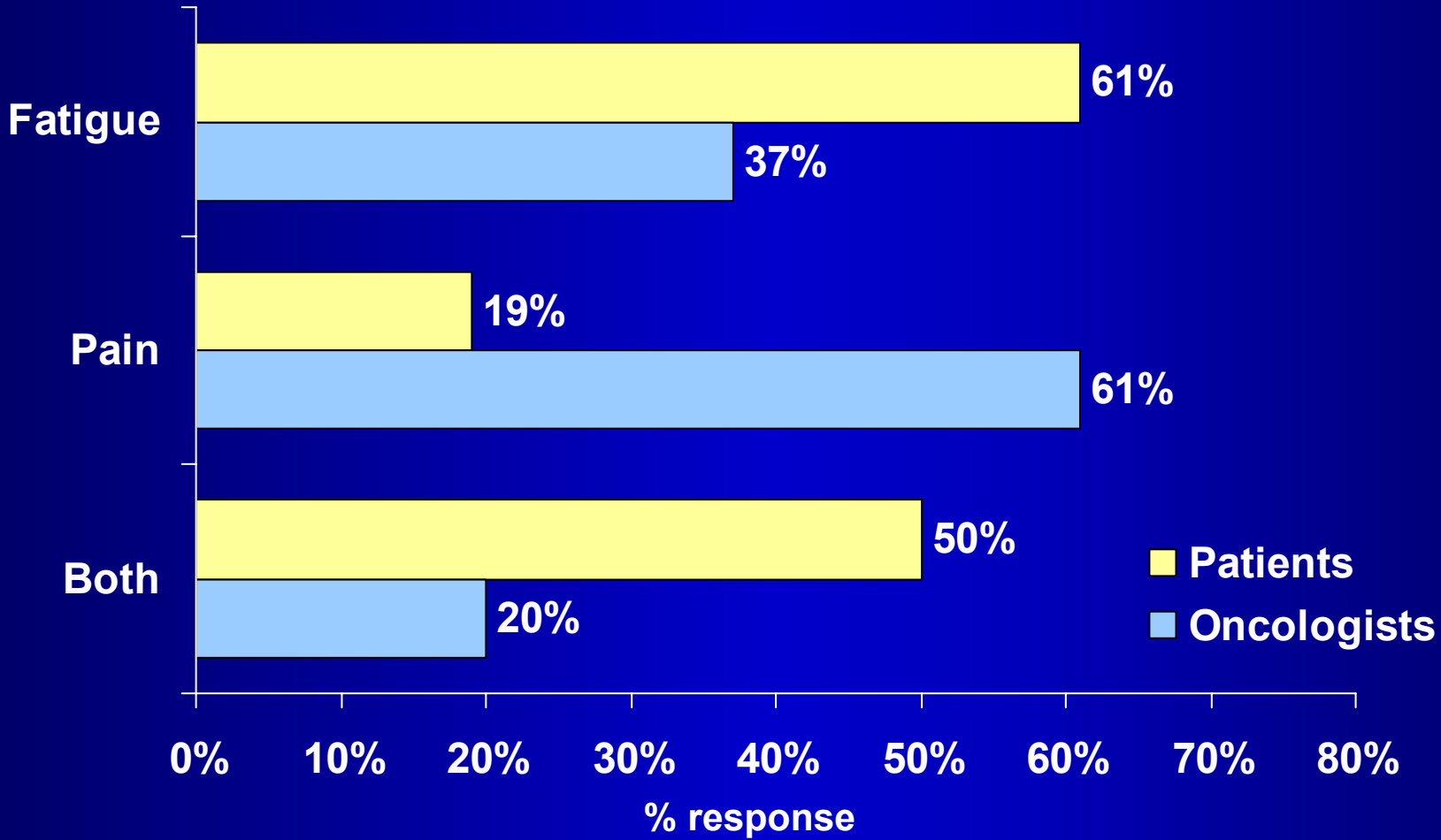


*Condition persisted from one day to two or more weeks

Curt *et al* (1999)

Physicians under-estimate the effect of fatigue

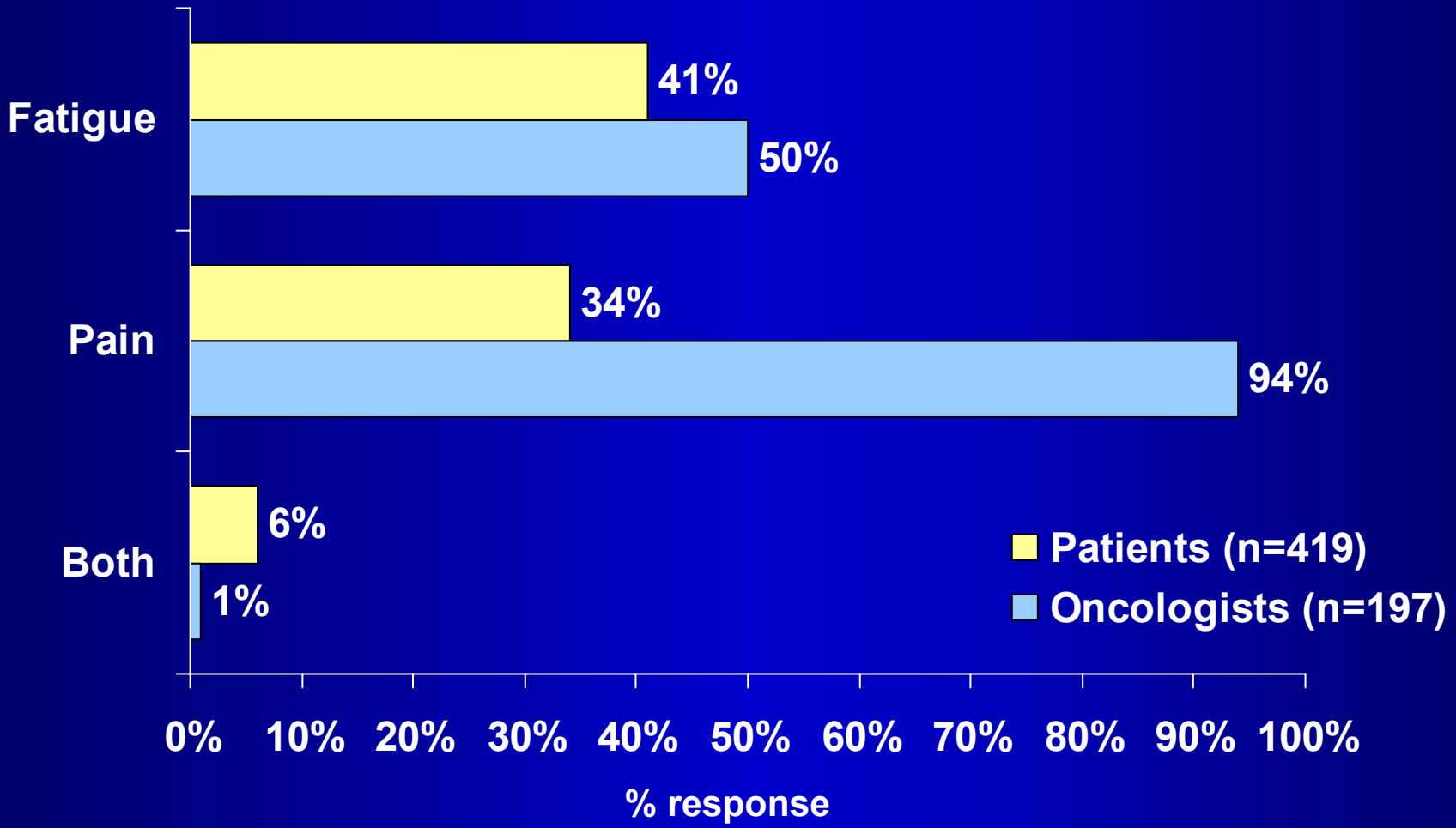
Difference between patient and physician (effect of symptom on daily life)



Vogelzang et al *Semin Hematol*. 1997 Jul;34(3 Suppl 2):4-12

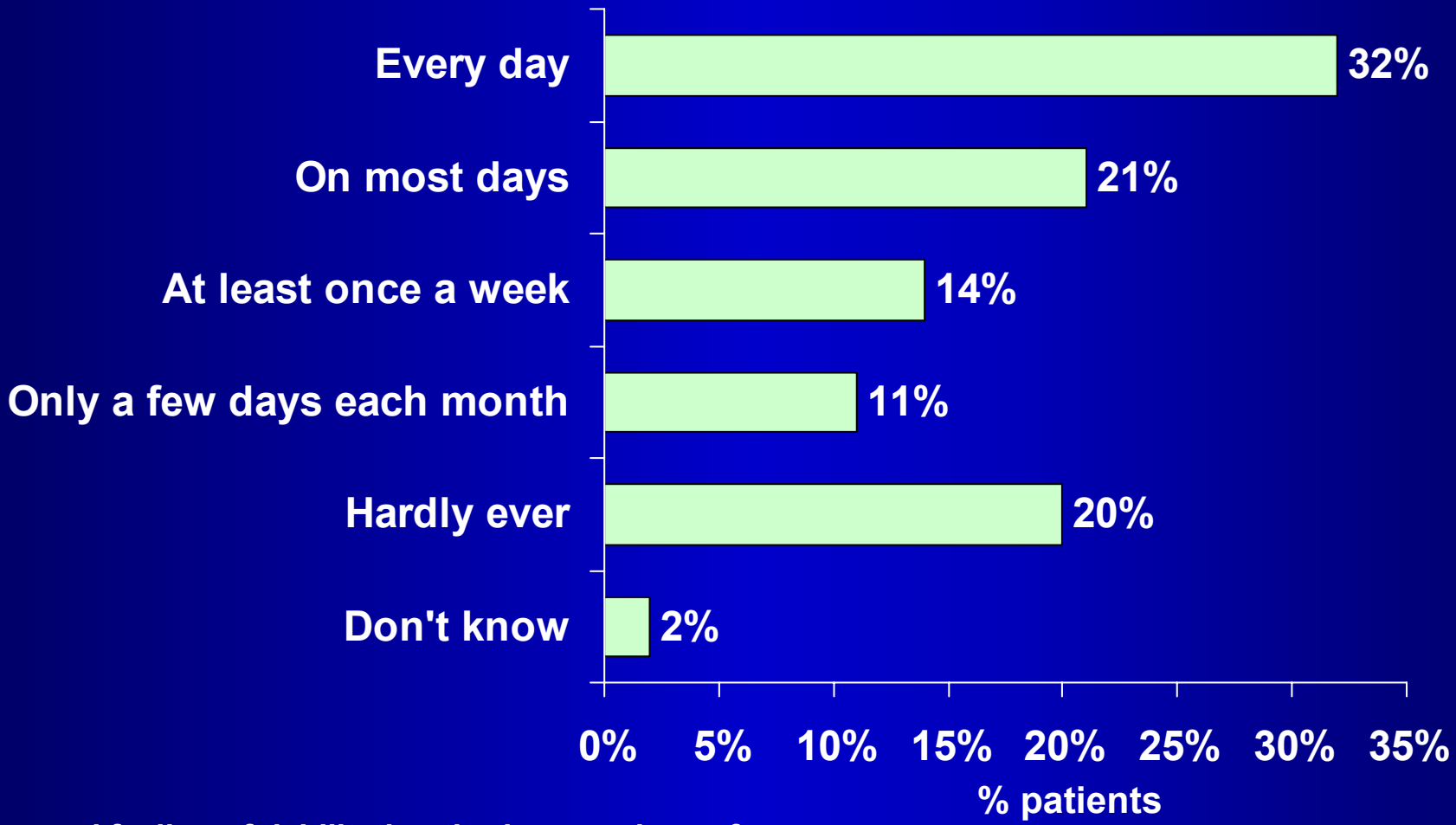
Physicians under-estimate the importance of treating fatigue for the patient

Perception of the relative importance of treating fatigue, pain or both



Vogelzang et al *Semin Hematol*. 1997 Jul;34(3 Suppl 2):4-12

Fatigue* is prevalent in cancer patients

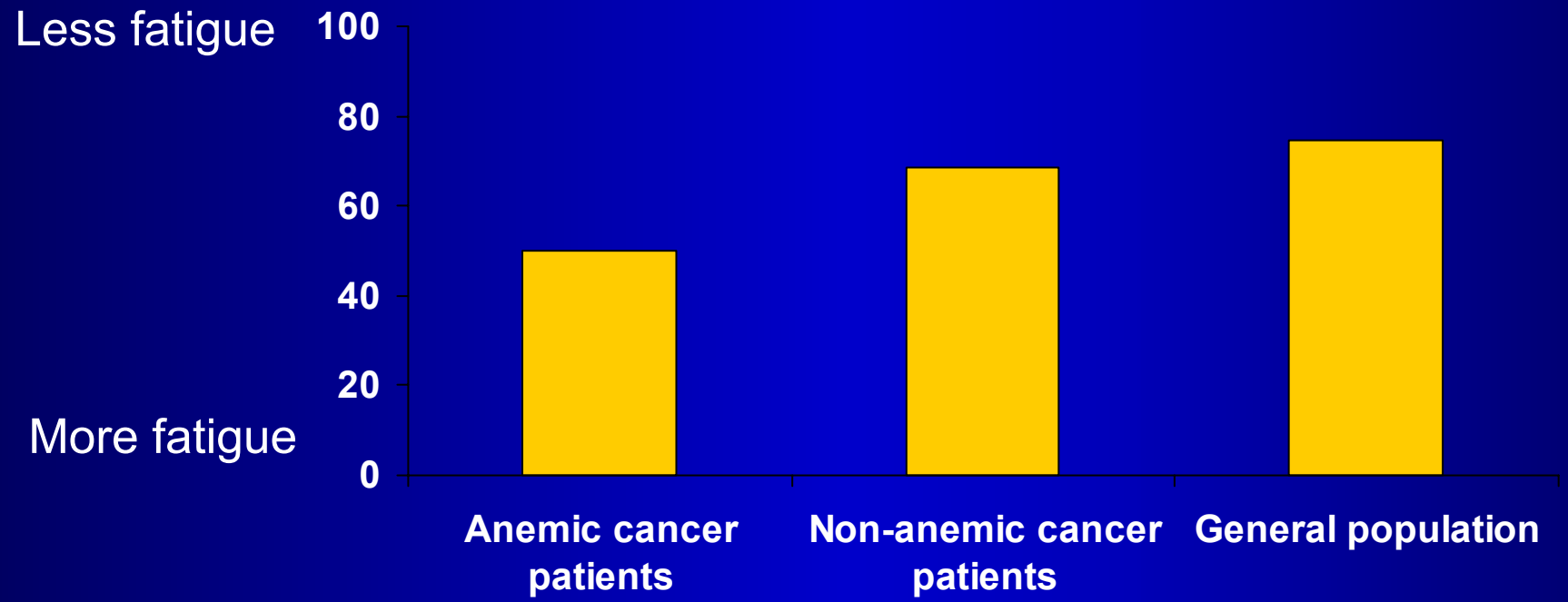


* A general feeling of debilitating tiredness or loss of energy

Vogelzang et al *Semin Hematol*. 1997 Jul;34(3 Suppl 2):4-12

Fatigue in cancer patients compared to the general population

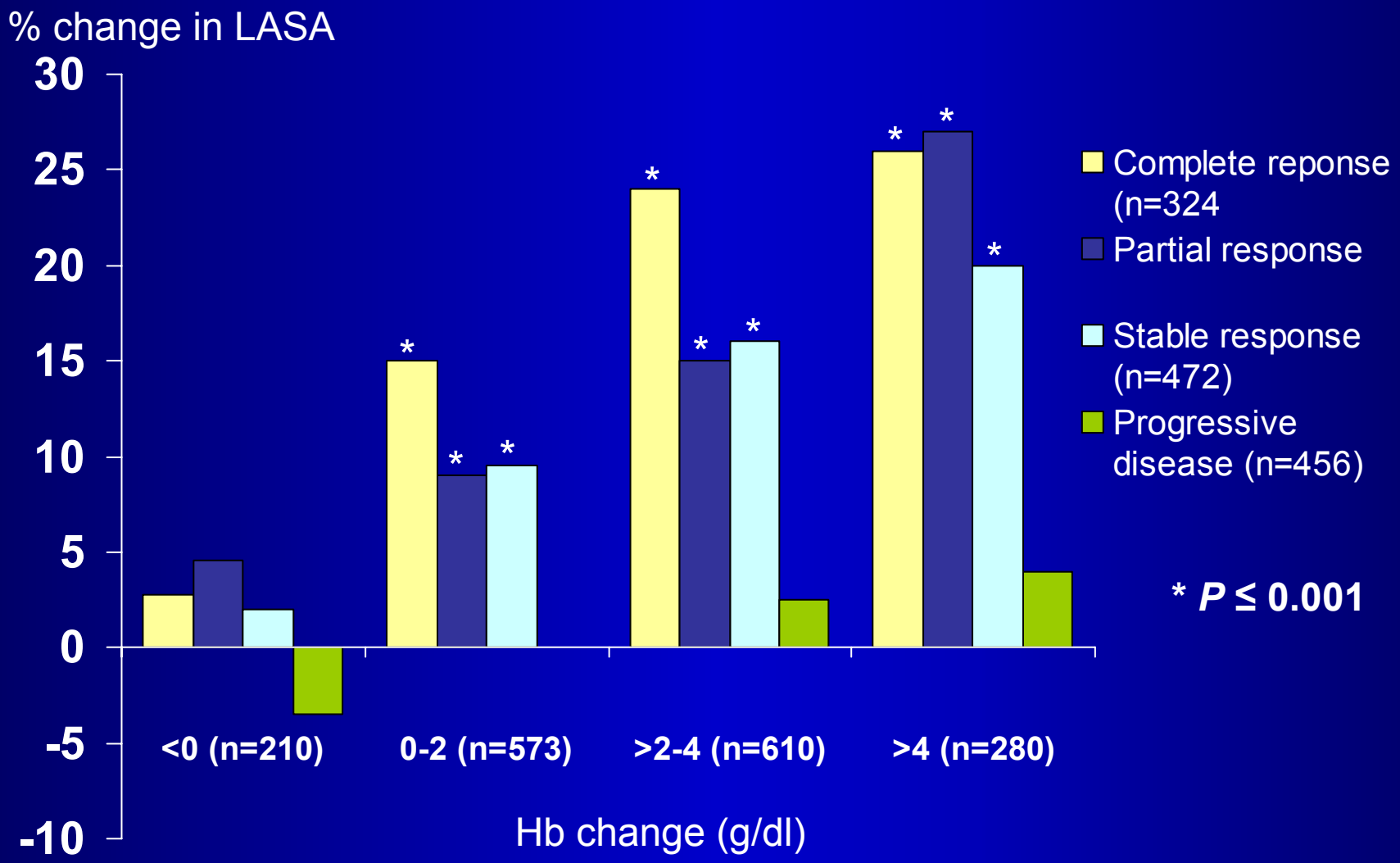
Mean fatigue scores in cancer patients compared to general population (FACIT-F)



P < 0.001

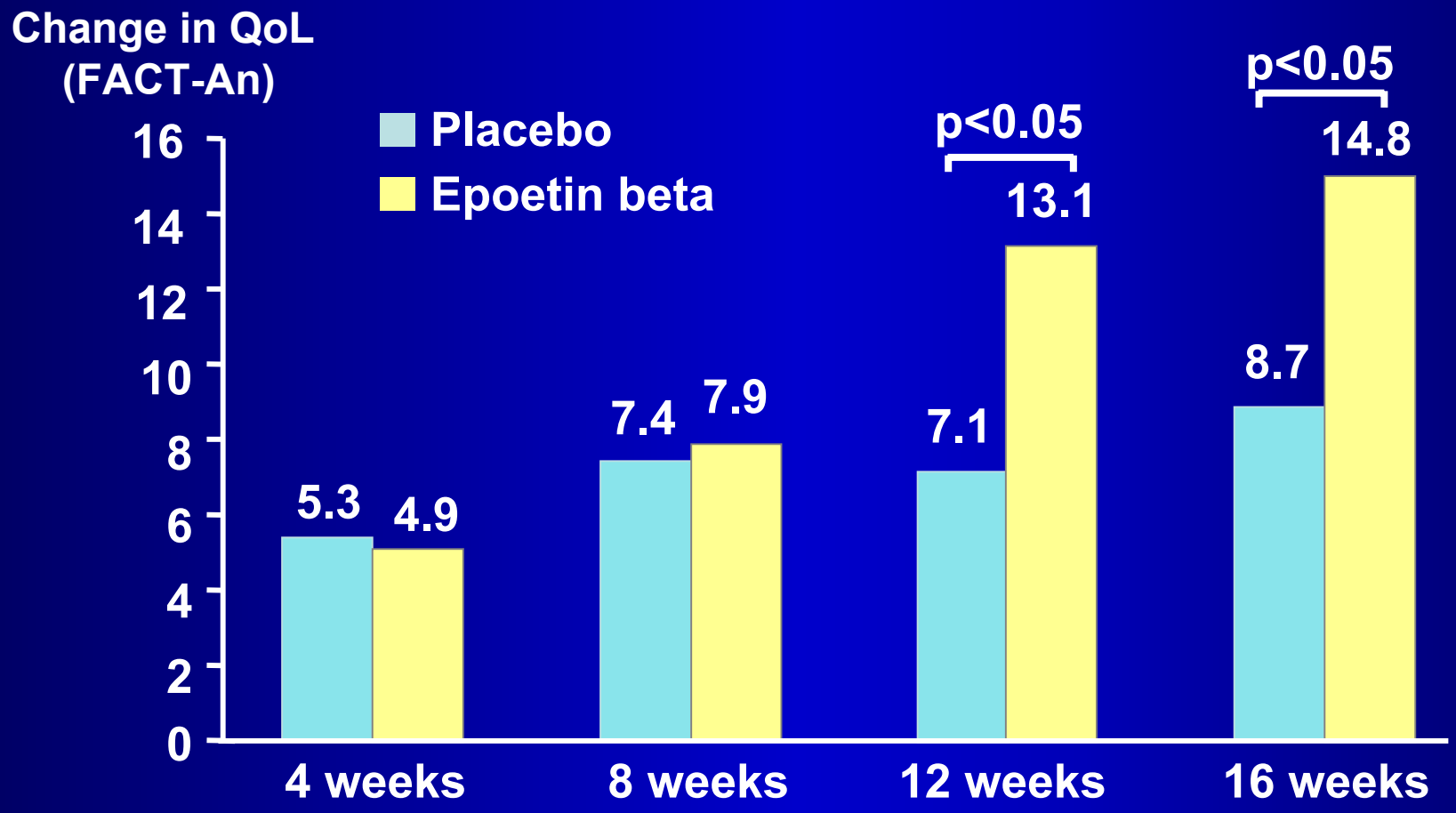
Cella 2002

Change in quality of life by change in Hb



Demetri, *J Clin Oncol*. 1998 Oct;16(10):3412-25.

rhEPO improves quality of life



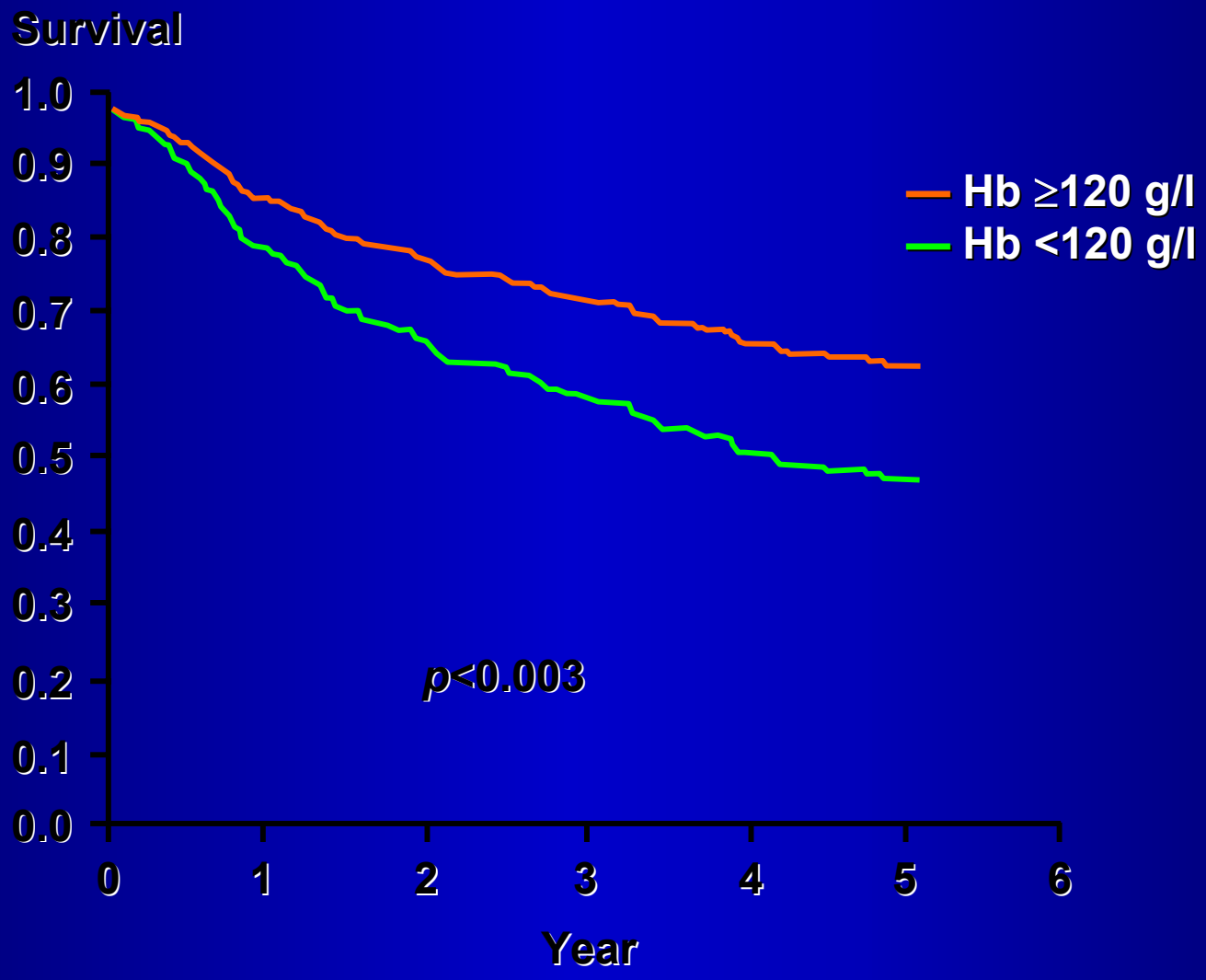
Österborg *et al. J Clin Oncol*. 2002 May 15;20(10):2486-94.

The importance of hemoglobin levels during radiation treatment

Eligibility criteria

- Age ≥16 years
- FIGO Stage IB-IVA cervical cancer
- Treated with primary radical radiation
- Commenced radiation treatment during the years 1989, 1990, or 1992
- Treated at 1 of 7 radiation centers

Survival by Hb at presentation



The importance of hemoglobin levels during radiation treatment

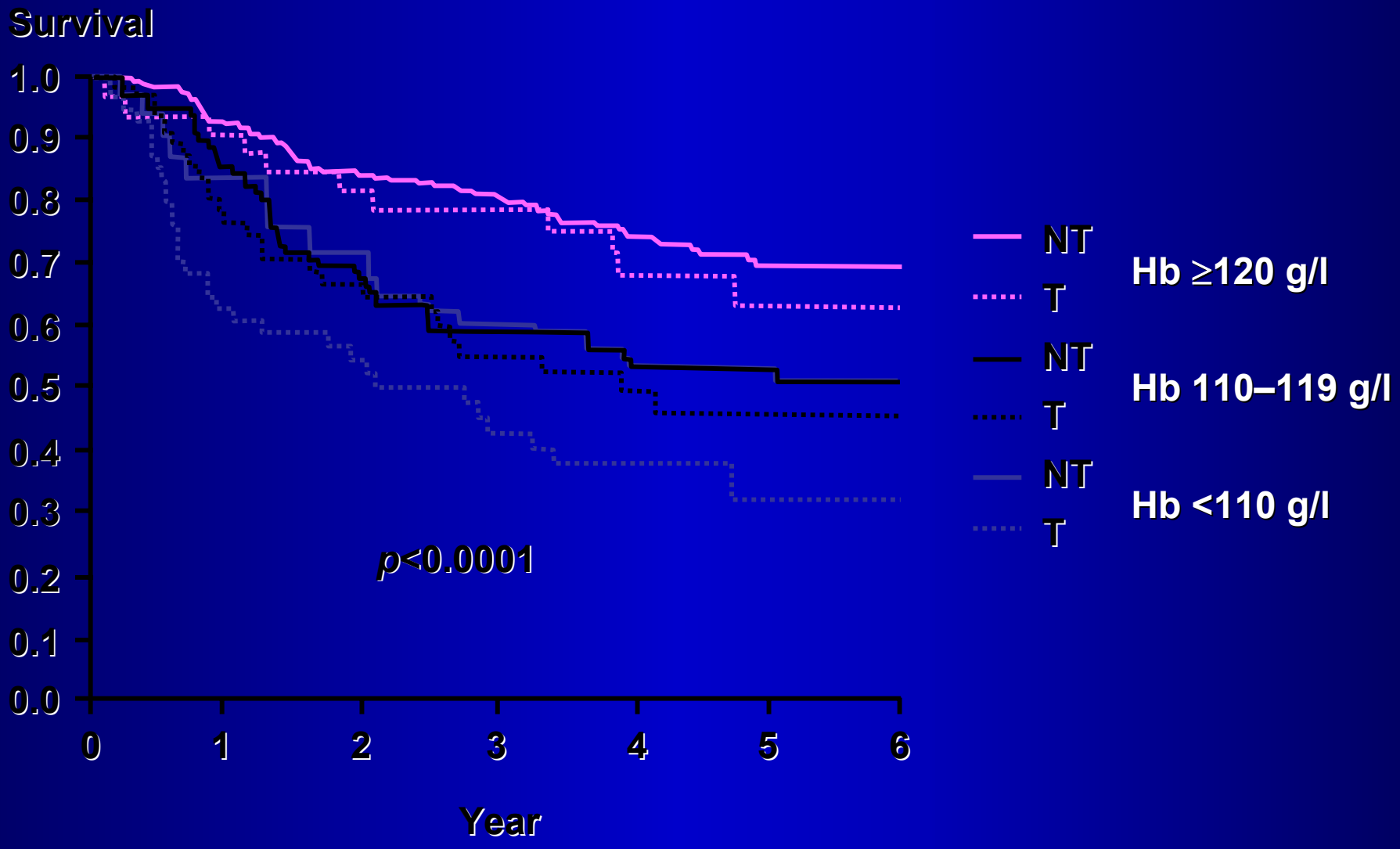
Multivariate analysis

Significant factors	Significance (*p* value)
Stage	0.0001
Average weekly nadir Hb	0.0001
Intracavitary treatment	0.0004
Squamous histology	0.0446

Non-significant factors

Age	Presenting Hb	Radiation dose
Center	Transfusion	Treatment volume
	Transfusion year	Treatment time
	Chemotherapy	

Survival by Hb during radiation therapy and transfusion status

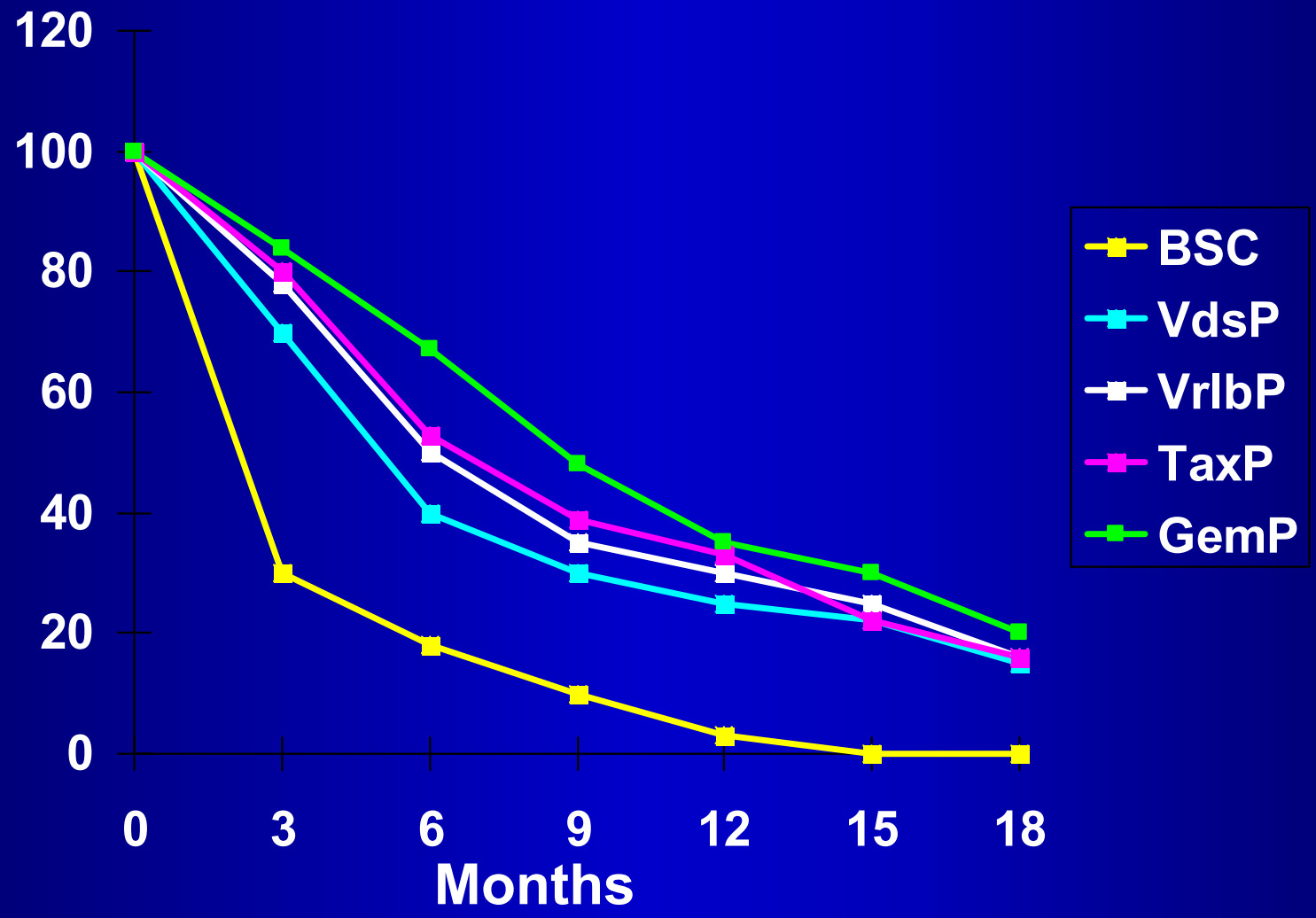


Low response does not mean not worthwhile.

NSCLC

- It took 13 studies and a meta-analysis comparing chemotherapy to best supportive care (BSC) to convince oncologists that chemotherapy was worthwhile

Survival of NSCLC patients in recent trials



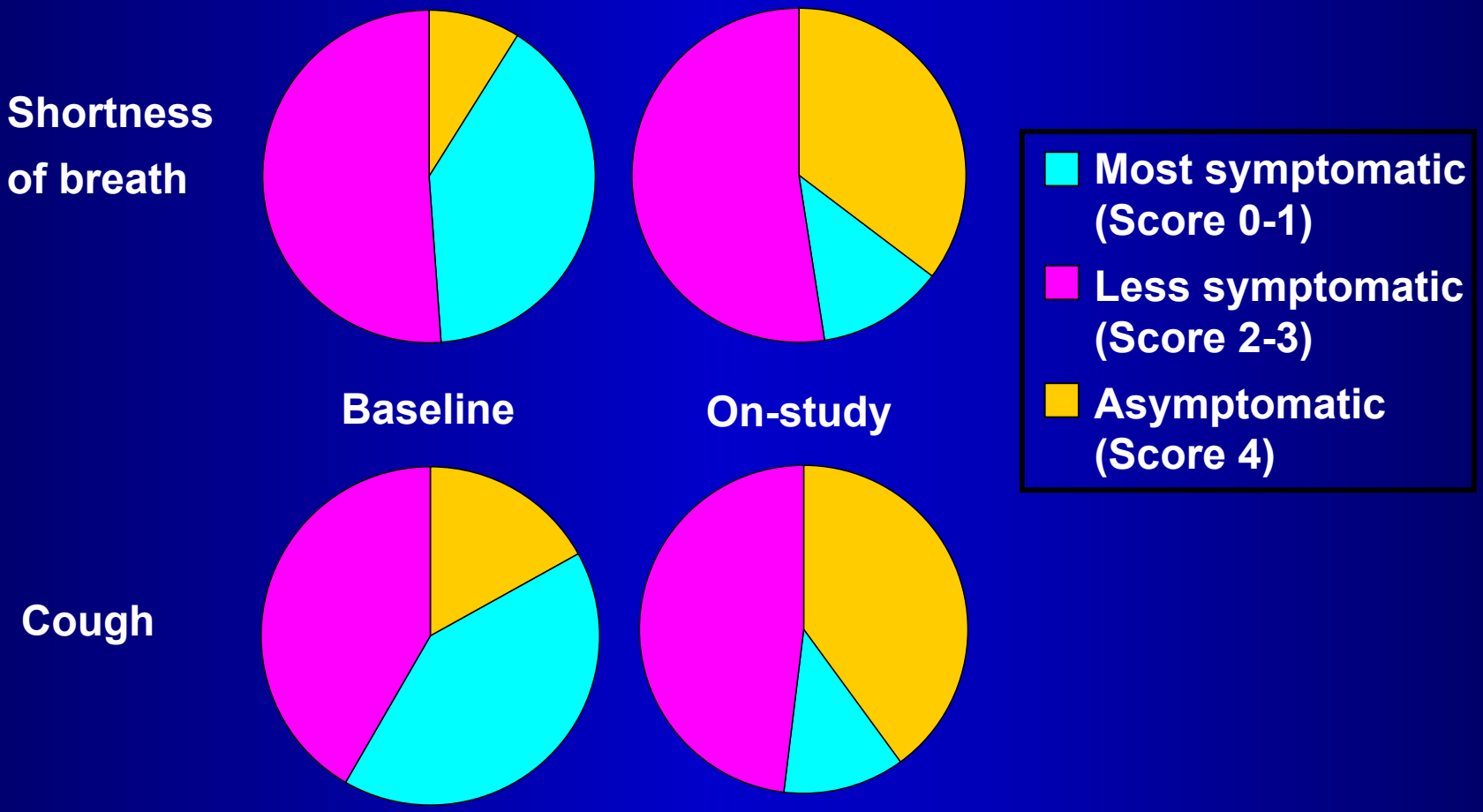
NSCLC

- Median survival in chemo-naïve patients is 8-9 months
- Median survival gain is 6 weeks
- Response rate is ≈ 30%
- Improvement in symptoms and overall QoL

Gefitinib and NSCLC

- Patients treated with 2 lines of chemotherapy
- Response rate 11.8%
- Median survival 6.5 months

Improvement in pulmonary symptoms: IDEAL 2 (250 mg/day)



Lynch et al 2003

Characterization of symptom improvement: IDEAL 1 & 2

Frequent

- Responses observed in 40% of symptomatic patients

Rapid

- Median time to improvement
  - 8 days (IDEAL 1)
  - 9-10 days; 84% onset of improvement within 4 weeks (IDEAL 2)

Sizeable

- Mean LCS change on study
  - 4.6 points (IDEAL 1)
  - 4.5 points (IDEAL 2)

Durable

- 75% and 65% of responses maintained at 3 and 6 months, respectively
  - median not yet reached

Conclusions:

- Patient benefit matters
- Highlights problems or benefits not detected by traditional measures
- Assessment needs to be faster and simpler for implementation in routine practice