APPLICATION STUDY OF THE EQ-5D-5L IN ONCOLOGY: LINKING SELF-REPORTED QUALITY OF LIFE OF PATIENTS WITH METASTATIC COLORECTAL CANCER TO CLINICAL DATA FROM A GERMAN TUMOR REGISTRY

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BACKGROUND

In Germany, colorectal cancer is the second most frequent cancer among women and the third most frequent cancer among men. About 84,000 new cases of colorectal cancer are diagnosed annually and the total of 46,000 more than 6% of the population are diagnosed with colorectal cancer during their lifetime. Colorectal cancer patients suffer from a high psychological and physical burden of disease and have a reduced quality of life due to various problems in social functioning and disease-specific symptoms. The EuroQol five-dimension questionnaire with five answer levels (EQ-5D-5L) is widely used and well accepted in oncology to generate health-related quality of life (HRQoL) weights. The five dimensions include mobility, self-care, usual activities, pain/discomfort, and anxiety/depression and each of them contains three response levels to be evaluated by five levels ranging from no problems to extreme problems. In addition, the EQ-5D-5L includes a visual analogue scale (VAS), a continuous response scale ranging from 0 (worst possible health state) to 100 (best possible health state), to record patients’ self-rated health on the day of the interview. Clinical registries routinely collecting clinical data present an opportunity to link HRQoL measures from the EQ-5D-5L.

METHODS

The study included patients with metastatic colorectal cancer who had been recruited since March 2014 into the German Tumor Registry Colorectal Cancer. For the current analysis, data linkage of EQ-5D-5L data and clinical registry data was performed for n=503 colorectal cancer patients due to missing VAS scores.

RESULTS

The most frequent comorbidity among the patients was hypertension (41.3%), followed by coronary heart disease (8.3%). The overall mean EQ-5D-5L utility score for patients with metastatic colorectal cancer was 0.71 (SD 0.23). A possible reason for the relatively high and stable EQ-5D-5L utility scores might be that HRQoL in palliative cancer patients might be better than in patients treated in other tumor stages, which might not be appropriate for palliative patients.

CONCLUSIONS

This study linking clinical registry data to HRQoL data showed a new opportunity for a cross-sectional study design.

REFERENCES

4. Spearman’s correlation coefficient = 0.684
5. Pearson's correlation coefficient = 0.597
6. P value<0.0001)