

An assessment of changes in measures of quality of life and financial well-being over time among ovarian cancer patients.

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Topic: Quality of Life/Palliative Care

Objectives

Patients (pts) with recurrent ovarian cancer (ROC) receive multiple treatments which result in treatment-related side effects and impact overall well-being. As part of an ongoing longitudinal study of patient-reported outcomes (PROs) in pts with ROC, we examined changes from baseline to the last reported timepoint.

Methods

Pts previously treated with platinum-based chemotherapy and on active treatment at the time of enrollment were eligible for the study. Pts completed a series of validated PRO instruments at 3-month intervals. Pts on the study for ≥ 6 months were included in the analysis. The FACIT-COST measures the financial impact on quality of life (QoL). The VAS component of the EQ-5D-5L asks pts to rate their current health. The FACT-O measures ovarian cancer-specific QoL. Higher scores reflect better function. Descriptive statistics were calculated for all measures. The Mann Whitney test was used to compare differences in scores between baseline PROs and the last 3-month timepoint.

Results

237 pts were included in the analysis. Median age at the time of study enrollment was 62.9 years (30.5, 83.7). Pts had a median of 2 prior treatment regimens (range 1, 10) and had been on the study for a median of 19.7 months (range 2.8, 70). The median months since diagnosis was 36.1 (2.3, 260.7). Table 1 shows PRO measures at two timepoints. For the overall population, there were statistically significant decreases in all domains of the FACT-G and ovarian cancer-specific scores. Only the FACIT-COST scores remained stable over time. All pts had health insurance and majority had an annual household income $> \$75,000$. In subgroup analysis, we observed more significant decreases in all PROs among now deceased pts ($n=151$) compared to pts who were alive at last contact ($n=86$). Now deceased pts had a median time of 2.83 months from the time of last PRO (timepoint 2) until death. Interestingly, only social well-being and FACIT-COST scores remained stable over time.

Conclusions

Pts with ROC reported diminished social, functional, emotional, and physical well-being over time. Pts near the end of life (EOL) reported worse QoL compared to pts who remained active on the study. However, financial and social well-being remained stable likely because EOL is usually marked by discontinuation of treatment and time with loved ones. To better support patients in making complex treatment decisions, further efforts to understand pts' experiences with ROC treatment and the impact on QoL and financial well-being are needed.

Abstract Table or Graph

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