

P-13

Comparison of Quality of Life Measurement Tools, EORTC GINET21 and ESAS-r, in Patients with Gastroenteropancreatic Neuroendocrine Tumors and Considerations for Clinical Implementation

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BACKGROUND: There has been a conscious shift in medical practice from a disease-centered to patient directed model, necessitating better integration of patient perspectives and improved communication between patients and physicians. Such communication is facilitated by routine clinical use of QoL tools. Clinical use of these tools in NET populations is limited as the available questionnaires are complex to score and interpret. ESAS-r is a simple validated tool designed for clinical QoL assessment but has not been assessed in NET populations.

METHODS: We evaluated QoL within the Phase II open label clinical trial of ¹⁷⁷Lu-DOTATATE therapy at the Cross Cancer Institute in Edmonton. QoL was assessed with the EORTC QLQ-C30 V3.0 with QLQ-GI.NET 21 and ESAS-r at baseline and after each treatment cycle. Repeated measures ANOVA was performed with p value of <0.05 considered statistically significant. Change in EORTC score of ≥ 5 points and ESAS-r of ≥1 point, for individual scores, and ≥3 points, for summative scores, was considered clinically significant.

RESULTS: A total of 85 patients were eligible for QoL analysis. Both EORTC and ESAS-r demonstrated maintained overall quality of life over induction treatment.

EORTC demonstrated statistically and clinically significant improvement in insomnia, GI and endocrine symptoms. ESAS-r demonstrated statistically significant improvement in insomnia, anxiety and emotional score but no clinically significant difference.

CONCLUSION: Each QoL assessment tool has inherent benefits and limitations which must be considered in clinical use. ESAS-r provides a quick and easy to interpret tool for QoL evaluation. However, it is not NET specific and as such may not be as sensitive in this population. The EORTC is a NET specific and validated tool. It is more complex and time consuming, but better reflects QoL in the NET population. As such, its incorporation into clinical practice with consideration towards computerized assessment and scoring could encourage its use.