Title
SUSTAINABLE MEASUREMENT OF RESPONSE SHIFT IN PROSTATE CANCER PATIENTS: ADJUSTING HEALTH RELATED QUALITY OF LIFE WITH THE THEN-TEST

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We utilised standardised questionnaire of quality of life, the disease of multiple myeloma. We distributed 120 questionnaires and compiled 82 scores. Further research is needed to investigate RS dependency on other variables.

Conclusions: The QoL was evaluated in these domains: in the time of good health – 81.2, in the time of diagnosis – 82.2, in the current time – 5.7. The WA had these results: in time of good health – 8.89, in the time of diagnosis – 5.08, and in the current time – 2.17. The impact of treatment on the QoL was 2.49 and on the patients’ time 2.79. The willingness to pay for perfect cure was 92.35 € per month (the average salary in Slovakia in 2013 was 824 €). Conclusions: LC has a great impact on QoL and on the WA too. There was a strong correlation between QoL and RA, although the WA was the last on RA. Our research confirmed the importance of early diagnosis and high effective treatment of this disease.

PCN211

VALIDATION OF THE PROPOSED REDUCED QUALITY OF LIFE QUESTIONNAIRE TO THE EORTC QLQ-C30 IN CUBAN PATIENTS WITH CANCER

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OBJECTIVES: To validate the short version of the QLQ-C30 obtained for patients with non-small-cell lung cancer in patients with head and neck, prostate, breast or cervix cancer.

METHODS: We analysed data of 636 patients distributed: 237 diagnosed with head and neck cancer, 146 diagnosed with breast cancer, 161 with prostate cancer and 172 with cervix cancer and 113 diagnosed with prostate cancer. The analysis followed a 4-step approach. First, we conducted a Mokken nonparametric item response analysis to assess item reliability and test the unidimensionality of the scale if appropriate. Second, we conducted a parametric Samejima’s graded response model (GRM) to assess the item characteristics and information for each scale. Third, we did a confirmatory factor analysis (CFA) to test the scales’ factorial validity. Fourth, we obtained standardised factor loadings to suggest a reduced version of the QLQ. Finally, we assessed the discriminatory validity of the reduced version by using receiver-operating curve (ROC) analysis. Results: Mokken analysis of the QLQ-C30 resulted in a unidimensional scale, with an overall scalability defined a medium scale. The unconstrained GRM showed that most items represented appropriate difficulty and discrimination parameters. The CFA supported an underlying unidimensional latent structure for the whole QLQ-C30 (ICFI = 0.98, RSMEA = 0.05) with modification indices pointing to important redundancy of information. The selection of items with standardised factor loadings > 0.70 lead to a 6-item QLQ that showed good discriminatory validity against independent criteria of quality of life (ROC area = 0.76; 95% CI = 0.72 to 0.80) as compared with the values for the whole scale (ROC area = 0.70; 95% CI = 0.66 to 0.74). Conclusions: The EORTC reduced scale was validated in this study; it presents good psychometric properties and includes a unidimensional structure of patient-perceived quality of life.

PCN212

SELECTION OF DECISION-MAKING IN WOMEN WITH EARLY STAGE BREAST CANCER AND IMPLICATIONS FOR LONG-TERM HEALTH-RELATED QUALITY OF LIFE

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OBJECTIVES: Surgery for breast cancer has a substantial impact on a woman’s health-related quality of life (HR-QOL). The NIH and EORTC advocate treatment that includes comprehensive surveillance, with an overall goal of increasing quality of life and well-being. The aim of this study was to understand the shared surgical decision-making process from the patients’ perspective by implementing qualitative methods.

METHODS: All participants were recruited and consented from a single center. Inclusion criteria included women who selected BCT over mastectomy. Utilizing an interview guide, women were asked to share their experience with all aspects of decision-making related to breast cancer treatment. Interviews were audio-taped, transcribed, and coded with NVivo9. Qualitative data were further analyzed to identify factors influencing decision-making regarding BCT. A comparative matrix analysis was conducted to further evaluate women’s appraisal of their surgical decision-making process and how this impacted their long-term HR-QOL.

RESULTS: Nineteen patients were included in the analysis. The mean age was 58.5 (± 12.6) years, 62.9% were married, 84% were Caucasian, 68.4% were currently employed and 31.6% had a family history of breast cancer, 10.4% diagnosed with Stage 0, 52.6% stage I and 36.8% stage II breast cancer. Factors contributing to decision-making were dichotomized into satisfied (n=11) or dissatisfied (n=8). Satisfied patients were further categorized as either (i) positive outlook n=2; (ii) acceptance of choice n=4; (iii) patients who were satisfied with the decision (n=4). Unsatisfied patients were further categorized as (i) a “no regrets” n=4; (ii) acceptance of self-n=5; (iii) decision-making was a “mess” to n=4.

Conclusions: As decision-making needs vary by individual women, a personalized decision-making approach is an essential factor to improve HR-QOL among women with early stage breast cancer. Additional prospective quantification of the pre-treatment decision-making and post-operative HR-QOL are necessary, as these findings may complement existing outcome research.

CANCER – Health Care Use & Policy Studies

PCN121

EVIDENCE-BASED MEDICINE AS A DRIVER OF IMPROVING COLORECTAL CANCER SCREENING IN UKRAINE

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