741P Health-related quality of life (HRQoL) in patients with early-stage pancreatic cancer (ESPC) receiving adjuvant or neoadjuvant chemotherapy (A/NAC): A systematic literature review (SLR)

T. Macarulla Mercade[1], A. Hendifar[2], C-P. Li[3], M. Reni[4], H. Riess[5], M.A. Tempero[6], A. Dueck[7], M.F. Botteman[8], C. Deshpande[8], E. Lucas[8], D-Y. Oh[9]

[1]*Medical Oncology, Vall d'Hebron Institute of Oncology (VHIO)-Cellex Center, Barcelona, Spain,* [2]*IM/Hematology/Oncology, Cedars-Sinai Medical Center, Los Angeles, CA, USA,* [3]*Medical Oncology, Taipei Veterans General Hospital, Taipei City, Taiwan,* [4]*Medical Oncology, Ospedale San Raffaele Srl, Milan, Italy,* [5]*Medical Oncology, Charité - Universitätsmedizin Berlin, Berlin, Germany,* [6]*Medical Oncology, University of California, San Francisco, Helen Diller Comprehensive Cancer Center, San Francisco, CA, USA,* [7]*Health Sciences Research, Mayo Clinic, Phoenix, AZ, USA,* [8]*Medical, Pharmerit International, LP, Bethesda, MD, USA,* [9]*Medical Oncology, Seoul National University Hospital, Cancer Research Institute, Seoul National University College of Medicine, Seoul, Republic of Korea*

Background: Few studies have evaluated HRQoL in patients with ESPC (resectable or borderline resectable) who received A/NAC. This SLR aimed to summarize the available evidence on HRQoL in this population.

Methods: Key electronic databases (all years), conference abstracts (2013-2017), and clinical trial registries were searched according to PRISMA guidance to identify relevant studies reporting HRQoL as assessed by patient-reported outcomes measures (PROMs) in A/NAC for ESPC. HRQoL scores were compared with reference values (ie, norms) and assessed longitudinally when possible. Minimally important difference (MID) estimates for the most frequently used PROMs were also assessed.

Results: Of 645 identified records, 37 PROMs and HRQoL outcomes studies were retained. The EORTC QLQ-C30 and/or QLQ-PAN26 were used in 31 studies; other PROMs were used in 11 studies, including the Functional Assessment of Cancer Therapy (n = 4), 36-Item Short Form Survey (n = 2), and the Center for Epidemiologic Studies Depression Scale (n = 2). At baseline (before and/or immediately after surgery), EORTC QLQ-C30 global health status/QoL scores for patients with ESPC were similar to reference values for PC but lower than those for all cancers. Among studies that reported QoL over time, longitudinal QoL trends varied: 4 studies reported improvement from baseline, whereas 4 studies reported initial declines, upon which QoL increased to or above baseline (n = 3) or below baseline (n = 1) within 3 to 6 months. An MID of 10 was identified for EORTC QLQ-C30. An MID for QLQ-PAN26 does not seem to have been comprehensively assessed to date.

Conclusions: The EORTC QLQ-C30 and QLQ-PAN26 are the most commonly used HRQoL PROMs for studies of A/NAC in ESPC. Poor HRQoL was reported by EORTC QLQ-C30 global health status/QoL scores, indicating a high unmet need. Some studies indicated improved HRQoL over time; however, this may reflect survivor selection bias. The MID for QLQ-C30 may be useful in understanding the clinically relevant impact of ESPC treatment on HRQoL. Future research should validate the QLQ-PAN26 and establish its MID in A/NAC for ESPC.

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