OBJECTIVE: Postal surveys only investigate HRQOL in those who return questionnaires and also complete enough information for analysis. Calculation of a single index of HRQoL (EQ-5D index) is impossible where data are missing. This study investigates completion of EQ-5D and the factors associated with non-completion.

METHOD: A postal questionnaire was sent to 10,471 adults registered to two general practices in Manchester. Non-responders received reminders after four and eight weeks. Demographic information for non-responders was obtained from general practitioner records. Indicators of social deprivation were obtained from the Regional Health Authority. EQ-5D rates 5 HRQOL domains on three levels with overall health state marked on a visual analogue scale (VAS) between 0 (worst) and 100 (best).

RESULTS: In total, 6838 (65.3%) questionnaires were returned; 5954 (56.9%) were complete. The self-care domain was missed most often (5.6% of responders) followed by anxiety/depression (4.4%), usual-activities (4.3%), pain/discomfort (4.1%), and mobility (3.9%). There was a significant difference in proportions between self-care and anxiety/depression (4.4% vs 5.6%, difference = −0.121, 95% CI of difference −0.195 to −0.0481). Four hundred thirty one people missed the VAS. Women were more likely to miss domain questions (10.2% vs 7.7%, chi² 12.67, p < .001) as were older respondents (mean age 47.6 vs 57.7 t = 12.16, p < .001). Missing data were less common in those with further education or a degree (10.3% vs 5.5% and 5.3% respectively, chi² 46.4, p < 0.001). Social deprivation was more common in those who missed a question but this was not statistically significant.

CONCLUSION: Low levels of non-completion were found, although respondents were significantly less willing to answer about self-care than about other domains, possibly not wishing to appear dependent on others. The importance of analyzing the degree of non-completion of a questionnaire and possible associated factors should be noted. Future work is needed to investigate HRQoL in those who do not respond to or complete questionnaires.

CANCER

BASELINE ANEMIA AND RISK OF POOR RESPONSE TO CHEMOTHERAPY IN INTERMEDIATE GRADE NON-HODGKIN’S LYMPHOMA (IGNHL) PATIENTS

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Anemia at diagnosis (baseline) is a potential adverse prognostic factor for no response to chemotherapy in addition to the standard risk factors.

OBJECTIVE: The purpose of this study was to identify factors associated with baseline anemia and to determine risk factors associated with no response to CHOP chemotherapy in IGNHL patients.

METHODS: A historical case series sample of 591 patients diagnosed between 1993 and 1999, and treated in 12 practice sites with CHOP chemotherapy was used. Baseline anemia was defined as a hemoglobin (Hb) value <12 g/dl at baseline. Multiple logistic regression was used to determine factors associated with baseline anemia and model its relationship with response [no response (NR) versus partial response (PR) and complete response (CR)].

RESULTS: Anemia was present in 193/546 (35.3%) patients. Baseline Hb values were not available for 45 patients. Multiple logistic regression showed that baseline anemia was significantly associated with elevated LDH (OR; 95%CI) (OR = 2.74; 1.66–4.50), presence of B symptoms (OR = 2.16; 1.22–3.83), stage III-IV (OR = 1.81; 1.10–2.93), male gender (0.42: 0.25–0.69), and large cell diffuse (OR = 2.05; 1.19–3.54) or immunoblast (3.99; 1.78–9.02) histologic types. No significant interactions existed between any of the variables included in this model. Multiple logistic regression (predicting NR versus CR/PR) showed that the presence of baseline anemia (OR = 2.29; 1.10–4.74) controlling for elevated LDH, advanced Stage III-IV, and age greater than or equal to 60, was a significant risk factor for NR to CHOP chemotherapy.

CONCLUSION: The results support previous findings of the high prevalence of, and risk factors associated with, baseline anemia prior to CHOP chemotherapy. Baseline anemia was a significant risk factor for NR to CHOP chemotherapy, even after controlling for age, stage, and LDH. We conclude that additional studies with a comprehensive set of known risk factors validating this relationship between baseline anemia and response to CHOP chemotherapy are warranted.

COST OF TREATMENT AND FOLLOW UP OF BREAST CANCER. A RETROSPECTIVE EVALUATION IN A COMPREHENSIVE CANCER CENTRE

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OBJECTIVE: Breast cancer is one of the major causes of premature death for women. The management of its cost is important for both the national health insurance and the individual health-care providers. The objective of this study was to assess the global medical cost of breast cancer, from diagnosis to follow up, in a French medical centre.

METHODS: Our evaluation was based on a retrospective cohort of 120 patients followed from January 1995 to February 2000 at Centre René Huguenin (Saint-Cloud). Comprehensive treatment schemes and clinical events were reported from patients’ medical files. Detailed medical consumptions and mean duration of staff occupation were obtained primarily from direct observa-