OBJECTIVES: The COMPLEMENT trial demonstrated significantly better progression-free survival in platinum-resistant ovarian carcinoma (KoCiHu) [24 months] versus chlorambucil alone (CHL) [13.1 months] in patients with chronic lymphocytic leukemia. The impact on health-related quality of life (HRQoL) was assessed. METHODS: 467 previously untreated patients were randomized to receive 3-12 cycles of O-ChL or CHL. The European Organization for Research and Treatment of Cancer (EORTC) QLQ-C30 and QLQ-CLL16 were administered at screening (baseline), day 1 of cycles 4, 7, 10 and post-therapy. The pre-specified HRQoL outcomes were the impact on health-related quality of life (HRQoL) and side effects of treatment. The study was powered to detect a difference of 10% in the primary endpoint of the metronomic arm compared with the cisplastin arm. CONCLUSIONS: Patients receiving either O-ChL or CHL experienced improvements in HRQoL during therapy. Of the two, CHL was continued to maintain or improve the improvements. The addition of ofatumumab to chlorambucil did not negatively impact HRQoL and may improve certain aspects of patients’ HRQoL during and after treatment.

OBJECTIVES: To monitor changes in health related quality of life (HRQoL) among patients with advanced non-small cell lung cancer (NSCLC) patients receiving oral gefitinib. METHODS: An observational study was conducted at the Tata Memorial Hospital, Mumbai, India, among stage-IV NSCLC patients who were >18 years, had failed conventional chemotherapy, had EGFR mutation reports available, and were not receiving any targeted therapy. Patients who met the inclusion criteria and agreed to participate in the study were recruited between January 1, 2010 and June 30, 2012. In addition to recording demographic and baseline clinical characteristics, patients were asked to rate their HRQoL using the European Organization for Research and Treatment of Cancer (EORTC) QLQ-C30 and the EORTC QLQ-LC13 questionnaires (Indian versions) at baseline and at every two months till the patient developed progressive disease or deteriorated in performance status. RESULTS: A total of 143 patients participated in the study. The mean age of study participants was 58.5 years (S.D. = 11.8). About 37.8% patients had a history of any kind of tobacco use. Significant improvements in overall quality of life were observed in all the domains of HRQoL, except Global Health Status (both p < 0.001), Week 12 (p = 0.004) and Week 24 (p = 0.003). Furthermore, lung cancer symptoms score (QLQ-LC-13) significantly decreased at week 8 (p = 0.019) and week 16 (p < 0.001) as compared to baseline. Compared to baseline, patients had better feelings about themselves (p = 0.008) and week 16 (p = 0.002), as did pain in chest (QLQ-LC-13) at week 8 (p = 0.049) and week 16 (p < 0.003). CONCLUSIONS: Gefitinib has not only shown a favorable toxicity profile but it has also demonstrated significant improvements over time in overall QoL, on domains such a symptom relief and pain. Therefore, Gefitinib could be considered as a viable treatment option in patients with advanced NSCLC.

OBJECTIVES: To evaluate health-related quality of life (HRQoL) essential in treatment decisions for metastatic breast cancer (mBC), therefore, it’s important to understand the impact of treatment on patient-reported outcomes (PRO) in a real-world setting. The aim of this prospective study was to assess the impact of mBC, demographics, and adverse events (AEs) were assessed across CT and HT. Multivariate analyses compared CT vs. HT with adjustments for demographics, comorbidities, and disease/treatment related measures. RESULTS: Among the 360 patients, 53% (n=191) reported CT and 47% (n=169) reported HT use. Patient characteristics were generally similar between treatment cohorts with an average age of 58.3 years (SD=5). HT users reported higher FACT-B scores (78.0 vs. 70.1, p<0.001), higher scores on the FACT-B subscales (physical, emotional, and functional well-being, and breast cancer, p<0.05 for all), greater satisfaction with treatment (subscale of the CTQ, 74.1 vs 67.2, p<0.001), and better feelings about side-effects (subscale of the CTQ, 48.2 vs 41.6, p<0.001). HT users reported less bother with treatment AEs (0-5 scale, 1.0 vs. 1.3, p<0.001) and less activity impairment compared with CT (52.6% vs. 60.8%, p<0.001). CONCLUSIONS: Findings suggest that HT is associated with better HRQoL, greater treatment satisfaction, less treatment related AEs, and less activity impairment compared with CT in 1st line mBC. These findings should be taken into consideration while making treatment decisions for HR/vHER2- mBC.

CANCER – Health Care Use & Policy Studies

OBJECTIVES: To investigate the potential burden of cancer diagnosis on emergency care use and costs in Canada. METHODS: A retrospective analysis of the Canadian Agency for Drugs and Technology in Health’s (CADTH) Canadian Drug Utilization Database was conducted to determine the total number of emergency care visits and coster associated with cancer diagnosis. RESULTS: The total number of emergency care visits for cancer patients in Canada in 2016 was 3.7 million and the total cost was $8.1 billion. CONCLUSIONS: The burden of cancer diagnosis on emergency care use and costs is significant in Canada. Cancer care providers should be aware of the potential for increased emergency care use and costs in cancer patients.