A SYSTEMATIC REVIEW AND META-ANALYSIS OF ADJUVANT CHEMOTHERAPY FOR STAGE III COLON CANCER

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OBJECTIVES: This study aimed to assess clinical efficacy of three adjuvant chemotherapy regimens in 5-FU-based regimen (5-fluorouracil and leucovorin, FUFLV), 2) FOLFOX4 (oxaliplatin plus 5-FU/LV), and 3) oral capecitabine for treatment of patients with stage III colon cancer. METHODS: A systematic review of randomized controlled trials (RCTs) and meta-analysis of RCT of adjuvant chemotherapy for patients with stage III colon cancer were included by searching through the Medline and Cochrane databases. The clinical efficacy studies of three adjuvant chemotherapy regimens on improving survival outcomes of patients with stage III colon cancer were included. Indirect or mixed-treatment comparison meta-analysis with fixed effects model was used to combine results of all studies. The meta-analysis was carried out using Bayesian approach and WinBUGS software program. The summary efficacy of adjuvant chemotherapy were presented as odds ratio (OR) and its 95% confidence interval (CI). To test the variation of study outcomes between studies, heterogeneity test was also applied. RESULTS: Total of 714 abstracts were reviewed and four eligible studies related to adjuvant chemotherapy for patients with stage III colon cancer were included in the meta-analysis. Two studies compared oral capecitabine with 5-FU/LV, while one study compared FOLFOX4 with 5-FU/LV. Indirect comparison was used to compare FOLFOX4 and oral capecitabine. When compared to 5-FU/LV, FOLFOX4 and oral capecitabine could significantly reduce the risk of death by 23% (OR = 0.77, 95% CI = 0.68–0.86) and 16% (OR = 0.84, 95% CI = 0.72–0.98), respectively. Moreover, the OR of mortality among patients treated by oxaliplatin plus 5-FU/LV was 0.92 (95% CI = 0.76–1.11) compared to capecitabine. CONCLUSIONS: Of three regimens for patients with adjuvant chemotherapy stage III colon cancer, FOLFOX4 could significantly yield the longest patient survival, followed by capecitabine and 5-FU/LV. However, FOLFOX4 did not significantly reduce mortality events compared with capecitabine.

QUALITY OF LIFE IN ADVANCED CANCER PATIENT—COMPARISON OF PATIENT/REPORTED OUTCOME (PRO) AND PROXIES ASSESSMENT

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OBJECTIVES: While Quality Of Life (QOL) in subjects suffering from advanced cancer patient has been studied using a variety of generic or specific instruments, only very few studies have analyzed the agreement between patients and proxy ratings on patients’ QOL. The objective of this study was to compare PRO of quality of life and proxy assessment using EORTC QLQ PAL-15. METHODS: We administered the EORTC QLQ PAL-15 to 32 patients and their own family, nurse and doctor, respectively. RESULTS: PRO-PAL-15 is a 15-item version of the EORTC QLQ-C30 cancer-specific health-related quality of life measure consisting of two functional scale (physical and emotional), seven symptom scale (fatigue, pain, nausea and vomiting, dyspnea, appetite loss, insomnia, constipation), and single-item scale to assess quality of life. The analyses focused on intraclass correlation coefficients (ICCs) to comparing the ICC 95% lower confidence interval with critical value 0.70 and Pearson’s correlation coefficients. RESULTS: Agreement between patients and proxies on the scales was excellent for physical function (ICC = 0.889) and fatigue (ICC = 0.739). Emotional function, appetite loss, and emotional well-being and quality of life scale was fair agreement (ICC range from 0.471 to 0.739). Dyspnea (ICC = 0.301) and insomnia (ICC = 0.097) was poor agreement between PRO and proxies assessment. There were higher correlation with family than other proxies with patient in emotional function (r = 0.791, P < 0.001), insomnia (r = 0.774, P < 0.001), nausea and vomiting (r = 0.646, P < 0.001), appetite loss (r = 0.638, P < 0.001), dyspnoea (r = 0.402, P < 0.005). There were higher correlation with nurse than other proxies with patient in physical function (r = 0.791, P < 0.001) and constipation (r = 0.540, P < 0.001). There were higher correlation with doctor than other proxies in pain (r = 0.494, P < 0.001), and fatigue (r = 0.806, P < 0.005). CONCLUSIONS: The agreement between PROs and proxies assessment in QOL assessment is different by symptom and function. Family caregiver were more agreement than nurse and doctor. We need to paid attention to proxy assessment more carefully.