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QUALITY OF LIFE OF PATIENTS WITH NON-HODGKIN LYMPHOMA AT THE SOCIAL SECURITY MEXICAN INSTITUTE

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OBJECTIVES: The aim of this study was to estimate the quality of life (QOL) of non-hodgkin's lymphoma patients in their different stages attended at a tertiary referral center at the Social Security Mexican Institute (IMSS). **METHODS:** Quality of life surveys for patients with non-hodgkin lymphoma were administered at the "Hospital de Especialidades" CMNO at IMSS, during July 2008 to February 2009 using the following inclusion criteria: patients older than 16 years with non-hodgkin's lymphoma histological diagnosis who accepted to be included in the protocol through informed consent. Patients excluded were those who showed a second malignant neoplasm or incomplete information. To evaluate QOL, the validated Spanish version of the EORTC QLQ-C30 was administered to patients. This questionnaire evaluates global health status, five functional domains (physical, role, emotional, cognitive and social), three symptom scales (fatigue, nausea and vomiting, pain), and six single items (dyspnea, insomnia, appetite loss, constipation, diarrhea, financial difficulties) on a scale from 0 to 100 (0 = death, 100 = perfect health). The assessment calculates means and range for EORTC QLQ-C30 score items and statistical differences between disease stage were estimated through ANOVA tests, p value <0.05 was considered significant to show differences. **RESULTS:** We analyzed data of 50 non-hodgkin's lymphoma patients, mean age 53.88 ± 16.8 years old, 48% were women, 74% were married, and 22% had an educational level of preparatory school. Patients were allocated according clinical stages as follow: I-18%, II-22%, III-28%, IV-32%. Global health status scores in each stage resulted in: I:85.18, II:62.12, III:63.09, IV:70.83; p = 0.13. The main differences among functional domains in the clinical stages were related to emotional function (I-76, II-64, III-60, IV-80; p = 0.024) and cognitive function (I-76, II-75, III-69, IV-88; p = 0.025). **CONCLUSIONS:** Significant differences were observed in Mexican non-hodgkin's lymphoma patient's functional domains in their clinical stages.

PCN34

QUALITY OF LIFE IN DIFFERENT STAGES OF COLORECTAL PATIENTS ATTENDED AT THE SOCIAL SECURITY MEXICAN INSTITUTE

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OBJECTIVES: The aim of this study was to evaluate the quality of life (QOL) of colorectal cancer patients seeking care at a tertiary referral center within the Social Security Mexican Institute (IMSS). **METHODS:** Quality of life questionnaires were administered to colorectal cancer patients seeking care at the Hospital de Especialidades del Centro Medico Nacional de Occidente (CMNO) from July 2008 to February 2009. Evaluated patients under went informed consent, were 16 years of age or older, and had a colorectal cancer histological diagnosis (stage I, II, III and IV)). Patients were excluded if they had a second malignant neoplasm or incomplete information. To evaluate QOL, the validated Spanish version of the EORTC QLQ-C30 was administered to patients. This questionnaire evaluates global health status, five functional domains (physical, role, emotional, cognitive and social), three symptom scales (fatigue, nausea and vomiting, pain), and six single items (dyspnea, insomnia, appetite loss, constipation, diarrhea, financial difficulties) on a scale from 0 to 100 (0 = death, 100 = perfect health). The assessment calculates means and ranges for EORTC QLQ-C30 score items and statistical differences were estimated through ANOVA tests. **RESULTS:** A total of 29 colorectal cancer patients were included in the analysis. The mean age of evaluated patients was 54 years ± SD13, 55% were female, 72% were married, and 15% had completed elementary school. Patients presented various clinical stages of colorectal cancer, specifically I-1 (3%), II-9 (31%), III-9 (31%) IV-10 (34%). Global Health Status showed the following results: I:83.33, II:67.59, III:74.07, IV:67.50; p = 0.87. On the other hand, patients with later stages of CRC reported greater fatigue (I-100, II-67, III-80, IV-47; p = 0.08) and pain (I-83, II-50, III-67, IV-48; p = 0.005). **CONCLUSIONS:** Significant differences were observed in Mexican colorectal cancer patients symptoms in their clinical stages.

PCN35

SYSTEMATIC REVIEW OF THE IMPACT OF CHEMOTHERAPY ON PATIENT REPORTED OUTCOMES IN ADVANCED NON-SMALL-CELL LUNG CANCER

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OBJECTIVES: The impact of chemotherapy on patient reported outcomes (PRO) of patients with advanced non-small-cell lung cancer remains poorly understood. We performed a systematic review of the literature to address how first-line chemotherapy affects PRO. Our aims were: To evaluate patterns of reporting of PRO in randomized controlled trials of advanced non-small-cell lung cancer; To estimate the effects of first-line chemotherapy on PRO and the correlation between PRO and overall survival. **METHODS:** We performed a Medline systematic review of published clinical trials from 1980 to 2008. Randomized, phase III trials of first-line chemotherapy against Best Supportive Care, placebo, or another chemotherapy regimen were eligible. We collected data on the type of PRO instrument, reported measures, effect-size, and whether there was a statistically significant result on any PRO favoring the experimental chemotherapy arm. We also computed overall survival differences between experimental and control arms and measured the correlation of OS difference with effect size for global QoL as assessed by the EORTC QLQ-C30 instrument. **RESULTS:** Twenty-two trials from 1998 to 2008 reported PRO. U.S. contributed with only one trial (4.5%). In 6 trials, Best Supportive Care was the control arm (27%). The EORTC QLQ-C30/LC13 instrument was used in 14 (64%) trials. Effect-size was directly measured in only 2 trials, and calculated in 3 other trials. Mean effect size was 0.013 for chemotherapy vs. BSC (n = 2) and 0.041 for chemotherapy vs. chemotherapy (n = 2). Mean OS difference of chemotherapy vs. BSC was 1.9 months (P = 0.04). Pearson correlation of OS difference and effect-size was –0.43. **CONCLUSIONS:** Reporting of PRO in randomized controlled trials of advanced non-small-cell lung cancer remains highly variable. There remains a substantial uncertainty about the impact of chemotherapy on global QoL, but the net effect is likely small. A possible association of overall survival differences with global QoL awarrants further investigation.

PCN36

A QUALIDADE DE VIDA DOS DOENTES ONCOLÓGICOS

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OBJETIVOS: O cancro é uma doença crónica que representa grande morbilidade e mortalidade, sendo considerada uma das principais causas de morte em todo o mundo. O objectivo deste trabalho foi investigar quais os factores que influenciam a QV do doente oncológico. **MÉTODOS:** Estudo transversal, descritivo e exploratório, na vertente quantitativa, com uma amostragem não probabilística, por conveniência. Na recolha de dados, foram utilizados os questionários QLQ-30 e o IN-PATSAT32 da EORTC. **RESULTADOS:** Analisados os dados sócio demográficos verificamos que é composta por 54% de indivíduos do sexo masculino, 80% dos indivíduos são casados, 64% são provenientes do meio rural, 42% da população tem apenas o 1°ciclo de escolaridade. Relativamente à situação profissional verificamos que 30% pertencem ao quadro de instituições e 24% estão desempregados. Algumas variáveis sócio demográficas apresentam relação com a variável de avaliação da QV e estão também relacionadas com percepção de cuidados prestados. Quanto à caracterização clínica da amostra, existem 30% de indivíduos que possuem neoplasias a nível gastrointestinal e 26% neoplasias ginecológicas, 18% dos inquiridos pensam sofrer de um quisto, infecção ou inflamação. Um total de 50% já efectuaram cirurgia e 54% estão a fazer quimioterapia. **CONCLUSÕES:** Os resultados demonstram que, no âmbito da QV dos doentes oncológicos, o funcionamento social representa a variável com pior índice de QV (score-35.66). Relativamente à escala dos sintomas verificamos que as variáveis: fadiga, dor; insónia e perda de apetite e situação financeira são as que apresentam maior peso na redução da QV. Os doentes têm uma melhor percepção de cuidados prestados relativamente aos cuidados de enfermagem, comparativamente com os cuidados médicos. As variáveis que apresentam piores níveis de avaliação são: acessibilidade/acesso, conforto e limpeza e o tempo de espera. De uma forma global, os doentes classificaram a saúde, e a QV na última semana, como mediana e apresentaram uma boa satisfação sobre os cuidados prestados.

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ABRANGÊNCIA DO RASTREAMENTO DE CÂNCER DE MAMA POR MAMOGRAFIA EM BENEFICIÁRIAS DE UMA OPERADORA DE PLANO DE SAÚDE

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OBJETIVOS: Avaliar a mamografia no rastreamento de câncer de mama em beneficiárias de um plano de saúde, definindo, a partir dos resultados, estratégias baseadas nas melhores evidências para uso racional do recurso. **MÉTODOS:** Análise retrospectiva do perfil das mulheres beneficiárias de um plano de saúde submetidas à mamografia nos últimos quattro anos. As variáveis consideradas foram faixa etária (inferior a 35 anos, 35 a 39 anos, 40 a 49 anos e 50 anos ou mais), freqüência e regularidade da realização do exame. **RESULTADOS:** No período, foram realizadas 57,104 mamografias, despesa total de R$ 5,065,885.58. A média de idade das 32,645 mulheres submetidas ao exame foi de 52 anos. A taxa de rastreamento variou conforme faixa etária: 62.0% para mulheres com 50 anos ou mais, 83.3% no intervalo de 40 a 49 anos, 58.7% entre 35 a 39 anos e 2.4% (n = 429) em idade inferior a 35 anos. A freqüência e regularidade da realização do exame também variaram em função da idade. **CONCLUSÕES:** As diretrizes para realização de mamografia da operadora estabelecem como padrão o uso do método de rotina para mulheres a partir dos 40 anos. Mulheres na faixa etária dos 35 aos 40 anos pertencentes ao grupo de risco e aquelas de qualquer idade sintomáticas ou com anormalidade ao exame clínico da mama, também devem realizar o exame. Observamos neste estudo que 38.0% de mulheres com idade igual ou superior a 50 anos, cuja indicação de mamografia é consenso, não realizou a prevenção primária de forma adequada. No grupo dos 40 aos 49 anos de idade, este percentual foi menor (16.7%). Não foi observado desperdício de recurso. A partir desses resultados, será traçada uma nova estratégia de ampliação do número de beneficiárias que deverão ser incentivadas a realizar o exame de forma regular.