Defining groups of patients using the EORTC C30, EORTC H&N35, EQ5D-5L and UW-QOL as part screening in clinical practice

Principle applicant: Simon Rogers

Co-applicants: Derek Lowe, Holly Cole-Hawkins, Andrea Waylen

Scientific outline

Abstract: The identification of head and neck cancer patients who report lower health related quality of life (HRQOL) scores allows opportunity for additional support and targeted intervention. Screening by a commonly used head and neck cancer specific questionnaire, University of Washington Quality of Life Questionnaire (UW-QOL) , has been shown to have clinical merit. However the EORTC C30 and H&35 are frequently used cancer questionnaires, and the EQ5D-5L and visual analogue scale (VAS) is a generic tool used in the assessment of health utility. By comparing the scores between these questionnaires in respect to the cut-offs already reported for the UW-QOL, will allow cut-offs to be more clearly defined for the other questionnaires. Also this comparison will serve to validate the current domain cut-offs for the UW-QOLv4.

Hence the aims of this research is to compare HRQOL outcomes reported in Head and Neck 5000 by the EQ5D-5L and VAS, EORTC C30 and H&35 based on the algorithm cut-offs for cut-offs for the UW-QOLv4.

More evidence relating to the identification of 'caseness' during routine screening using these questionnaires will help clinicians have confidence in using HRQOL domain scores as a tool to help identify those patients doing badly and as a mechanism to facilitate additional support and intervention.

Outline: The University of Washington Quality of Life Questionnaire (UW-QOL v4) has been use in routine clinics as a quick screening tool for possible dysfunction in patients after treatment of head and neck cancer (1). The algorithm used to identify a 'cutoff' of 'caseness ' was derived following comparison of the UW-QOL domains to 13 other established questionnaires. The algorithm has been applied in HRQOL outcomes data for example 'what will I be like' (2), as part of the Patient Concerns Inventory (PCI) screening package (3) and applied in the recent RfPB funded study (4). The two

subscales of the UW-QOL, physical function and social-emotional function, (5) assists in the analysis and interpretation of data particularly when exploring clinically meaningful differences between cohorts. The physical function subscale comprises chewing, swallowing, speech, taste, saliva, and appearance, and the social-emotional function comprises anxiety, mood, pain, activity, recreation, and shoulder function. Also distinct patient groups have been identified using the UW-QOL in relation to clinical and demographic attributes and the European Organisation for Research and Treatment of Cancer (EORTC) C30 (6). This study demonstrates that HRQOL items are interrelated baseline and longitudinally. In addition patient groups respond differently and this should be accounted for when defining 'caseness'.

EORTC C30 and H&35 are frequently used cancer questionnaires, and the EQ5D-5L and visual analogue scale (VAS) is a generic tool used in the assessment of health utility. By comparing the scores between these questionnaires in respect to the cut-offs already reported for the UW-QOL, will allow cut-offs to be more clearly defined for the other questionnaires. Also this comparison will serve to validate the current domain cut-offs for the UW-QOLv4.

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Anonymous UW-QOL data collated from baseline, four months, and one year will be used.

References

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