Evaluation of Non-Small Cell Lung Cancer (NSCLC) patient's quality of life during 2nd line chemotherapy treatment – LISBOA Study

Presenter: Bárbara Parente

Primary Objective

To evaluate the impact of 2nd line treatment on NSCLC patients' Quality of Life measured by the scales EORTC-C30 and EORTC-LC13.

Study Design and Methodology

Non-interventional, prospective and multicentre study.

Each participating centre was enrolled in the study during, approximately, 24 months:

- Recruitment period of 12 months;
- Follow-up period of 12 months.

Quality of life assessments were performed at 5 different moments::

- Baseline evaluation;
- Evaluations at 6, 12 and 18 weeks (±3 weeks);
- Final evaluation: disease progression, death or 12 months after baseline.







Demographic Data and Smoking Habits

A total of 219 patients with a median age of 62 years were included. Included patients were mostly men (74.4%) and had a history of smoking habits

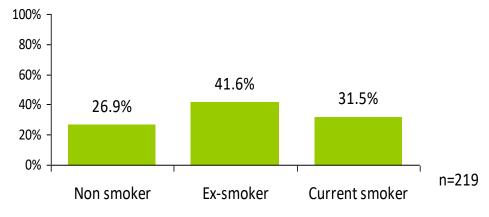


Figure 1. Included p	oatients' s	smoking	status
----------------------	-------------	---------	--------

	Age at diagnosis (years)				
	Global	Male	Female		
N	219	163	56		
Median	62	63	58.5		
Minimum	36	37	36		
Maximum	88	8 88 79			
p-value		0.020			

Table I. Patients distribution by age and gender

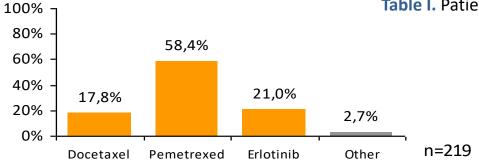


Figure 2. Patients distribution by 2nd line treatment







Evaluation of Non-Small Cell Lung Cancer (NSCLC) patient's quality of life during 2nd line chemotherapy treatment – LISBOA Study

Presenter: Bárbara Parente

Quality of Life Results – EORTC QLQ-C30 and LC13

	Global health status/QoL (%)		Functional Evaluation (%)		
	Baseline	Baseline Final		Final	
N	123	121	122	121	
Mean	51.6	44.0	65.5	57.0	
SD	22.3	23.1	19.8	26.8	
p-value	0.0	01	< 0.001		

Table II. EORTC QLQ-C30 scale global scores: baseline *vs.* final evaluation

	Global health status/QoL (%)				
	Pemetrexed	Erlotinib	Docetaxel		
N	68	25	23		
Mean	-7.7	-5.7	-9.1		
SD	26.8	22.9			
p-value	0.408				
	Functional Evaluation (%)				
	Function	al Evaluatio	on (%)		
	Function Pemetrexed	al Evaluation	on (%) Docetaxel		
N					
N Mean	Pemetrexed	Erlotinib	Docetaxel		
	Pemetrexed 63	Erlotinib 23	Docetaxel 19		

Table IV. EORTC QLQ-C30 scale global scores: differences between treatments

	Global score (%)		Dyspnoea (%)		Coughing (%)		Pain in chest (%)	
	Baseline	Final	Baseline	Final	Baseline	Final	Baseline	Final
N	112	107	119	115	121	121	120	121
Mean	20.5	22.0	28.2	33.0	37.5	31.0	19.4	25.0
SD	13.0	14.5	24.3	26.4	28.7	27.1	26.5	28.9
p-value	e 0.333		0.047	7	0.042	2	0.02	24







Conclusions

- Patients' Quality of Life improved significantly between baseline and the last visit in all evaluated global scores of the QLQ-C30 scale (global health status and overall functioning).
- It is worth noting that all functional scores of the QLQ-C30 scale, such as physical, role, emotional, cognitive and social functioning presented significant differences between baseline and the final evaluation.
- In general, no significant differences were registered for patients' symptoms or for the EORTC-LC13 scale. Only dyspnoea, coughing and pain in the chest suffered significant differences between baseline and the final evaluation.
- No significant differences were found for EORTC QLQ-C30 evaluated scores between the patients treated with different drugs (pemetrexed, erlotinib and docetaxel).
- For the LC13 scale, between patients treated with different drugs only alopecia was increased for patients treated with docetaxel.



