

Journal Watch

EORTC QLQ-C15-PAL quality of life score as a prognostic indicator of survival in patients with far advanced cancer

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Abstract

Purpose: Quality of life (QoL) and performance status predict survival in advanced cancer patients; these relationships have not been explored in the hospice palliative care setting. The aim of this study was to examine the survival predictability of patient-reported QoL using the European Organization for Research and Treatment of Cancer (EORTC) QLQ-C15-PAL questionnaire in far advanced cancer inpatients at the very end of life.

Methods: This is a retrospective cohort study. Patients reported QoL using the EORTC QLQ-C15-PAL. One hundred sixty-two inpatients in hospice palliative wards of six hospitals in South Korea were followed until death or the end of the study. Additional symptoms and performance status were assessed by the MD Anderson Symptom Inventory—Korean (MDASI-K), Palliative Performance Scale (PPS) and Eastern Cooperative Oncology Group (ECOG) performance status. Correlations between EORTC QLQ-C15-PAL, MDASI-K, PPS, and ECOG were assessed. Survival analyses were performed using Cox proportional hazard models.

Results: Patients' median survival was less than 1 month. Physician-reported PPS significantly predicted survival (hazard ratio [HR] 0.493; $p < 0.001$). From the EORTC QLQ-C15-PAL, patient-reported physical functioning predicted survival (HR=0.65; $p < 0.001$). Other six domains of EORTC QLQ-C15-PAL were significantly related to survival after adjustment. Those domains were global health status, emotional functioning, fatigue, nausea/vomiting, appetite loss, and constipation.

Conclusions: EORTC QLQ-C15-PAL can be an independent prognostic factor in inpatients with far advanced cancer. Patient-reported physical functioning showed survival predictability as good as physician-reported performance status. It is notable that the QLQ instrument is useful even for patients in their final month of life. Cancer anorexia-cachexia syndrome-related symptoms may be independent prognostic symptoms. Prospective study is warranted.

Strengths:

- Comparison of patient self-report measure with physician assessment
- Use of appropriate, psychometrically sound measures

Weaknesses:

- Retrospective review, part of a larger study
- Limited generalizability due to nature of sample (i.e. Korean inpatients)
- Relatively small sample for regression analysis (18 predictors, $n=162$)

Relevance to Palliative Care:

The use of standard assessment tools can provide baseline and ongoing assessments, which may be helpful for clinicians when predicting survival for palliative care patients. The EORTC QLQ-C15-PAL was developed specifically for advanced cancer patients and may provide some additional evidence for prognostication. However, its reliance on patient self-reports limits its use to cognitively intact patients. The use of clinician-generated, objective assessments, such as the Palliative Performance Scale, may be more relevant for cognitively impaired patients.