Quality of life in patients receiving medicines for prostate cancer: What do clinicians think is important?

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Objectives: In addition to clinical outcomes it is increasingly recognised that Patient Reported Outcomes (PROMs) are a useful measure of benefit of cancer medicines. Although verbally discussed in clinic appointments, the impact cancer medicines have on quality of life (QoL) is not consistently documented in routine clinical practice. Recent studies have shown that utilising QoL tools can have a positive impact on clinician decision-making and improve patient outcomes.[1,2] Many PROMs tools exist, but there is limited evidence on which may best support assessing the impact cancer medicines have on QoL as part of routine clinical care.

The aim of this study was to identify which QoL domains and domain elements clinicians consider important to discuss with prostate cancer patients who are receiving medicines as part of their treatment. The objectives involved: a literature review to identify potential tools; conduct of a content analysis; delivery of an electronic Delphi (eDelphi) consensus method with clinicians and matching of output to the validated tools available.

Method: The literature review identified 30 validated tools which comprised of: health, cancer and prostate cancer PROMs; supportive care needs questionnaires and chemotherapy toxicity assessment tools. The content of the tools was thematically coded and categorised to generate a framework of QoL domains subdivided into domain elements. This content was presented to clinicians working in prostate cancer in the West of Scotland (n = 146) using a stepped eDelphi approach which invited clinicians to rank which of these domains (eDelphi 1) and domain elements (eDelphi 2) would be most important to them to discuss with patients/carers in relation to the impact their medicines have on QoL.

Results: A total of 21 clinicians participated (14%, n=146), comprising Oncologists (n = 8), Nurses (n = 5), Urologists (n = 4) and Pharmacists (n = 4). From eDelphi 1, seven of the nine domains were ranked as important by clinicians. Within those seven domains, clinicians ranked 43 of 62 domain elements as important in eDelphi2 (see figure below). The output was matched against the 31 validated tools, and four tools were identified as most relevant: Problems and Concerns Checklist; EORTC QLQ-C30; PRO-CTCAE™ and EQ-5D-5L.

Discussion: Our study has used a mixed-methods approach to: firstly derive from the tools published the QoL domains/domain elements, and secondly, explore these with practicing clinicians using an established consensus method to derive a short list of tools. Via a third eDelphi, clinicians will be presented with the four tools and factors including tool length, specificity, the scale and language used will be explored. Additionally, preferences for medium (electronic versus paper) and frequency of use and receipt of QoL data will be sought.

Conclusion: The adoption of a more systematic approach to the consideration of the impact cancer medicines have on QoL should see benefits for patients, clinicians and policy makers. This can be supported by better understanding what aspects of QoL are important to measure to inform the selection of a suitable tool from the myriad available.

References

1.   Basch, E Symptom monitoring with patient-reported outcomes during routine cancer treatment: a randomized controlled trial. J Clin Oncol 2016; 34: 557–565.

2.   Basch, E Overall survival results of a trial assessing patient-reported outcomes for symptom monitoring during routine cancer treatment. JAMA 2017; 318: 197–198.