

ASSESSING QUALITY OF LIFE IN PATIENTS WITH TREATED HEAD AND NECK CANCER

PURPOSE: The aim of this study was to assess the quality of life (QOL) of Treated head and neck cancer patients after 1 year; and to identify the various predictors of QOL

METHODS: HRQOL was examined by the European Organization for Research and Treatment of Cancer (EORTC) QLQ-C30, EORTC QLQ-H&N35 and a study-specific (Cancer Institute QLQ) questionnaire, after 1 year Post treatment in 150 patients at the tertiary care hospital in South India. Changes in HRQOL were assessed. Frequency tables were used to describe the data. Chi square test was used to test the difference between 2 factors measured on nominal scale. Mann Whitney U test were employed to test for differences between factors measured on ordinal scale were used to examine if baseline characteristics had any influence towards HRQOL changes.

RESULTS: A total of 150 patients were recruited in the study. The study group (n=150) consisted of 48 females (32%) and 102 males (68%). The age of the treated patients ranged from 17-77yrs. Majority of patients had an average overall quality of life. Role functioning and cognitive functions had a significant statistical significant difference among patients of various tumour sites. The median value for role function of laryngeal cancer patients was higher (83.33%). The median values for cognitive functions was the same in patients of various tumour sites. Dyspnea had a statistical significant difference among patients of various tumour sites. Financial difficulties was found in all cancer patients. The median value was found higher in laryngeal cancer patients 100 (range

66.66-100) with a statistically significant p value of 0.007. The median values of Pain (HNPA) and Senses problems (HNSE) were similar i.e 33.33 among the patients of various tumour sites. There was a statistical significant difference, p value (p value for HNPA-0.046 and p value for HNSE was 0.029). The median values for Trouble with Social eating (HNSO) was found higher in patients with cancer nasopharynx and hypopharynx with a value of 33.33, statistically significant difference (p value of 0.015). The median value for dry mouth (HNDR) was found similar in all patients of various tumour sites with a median value of 66.66 and a statically significant difference (p value <0.001). Social function had a significant difference among patients of two age groups with a p value of 0.042. The median values for symptom scales such as Pain (PA) was found similar in both age groups with a value of 33.33 that was statistically significant p value 0.023. The median values for symptom scale Nausea vomiting (NV) was found high in younger population with a value of 66.66, with statistically significant with a p value of <0.009. The median values for symptom scales such as Dyspnoea (DY) and insomnia (SL) were found similar with a value of 33.33 with a statistical significant difference among these two different age groups with a p value of 0.022 for dyspnoea and 0.045 for insomnia. With respect to sex, fatigue had a statistical significant difference among males and females with a p value of 0.036

among patients. There was no significant statistical difference in the quality of life among the patients of different age, gender, various tumor sites and tumor stages in head and neck patients.

Conclusion: Most of the domains of quality of life almost returned to normal levels post 1 year of treatment except social functions, dyspnoea, financial instabilities, senses problems, xerostomia, Nausea vomiting, insomnia and social eating. Early intervention addressing eating issues, swallowing problems, pain management and psychosocial counselling will be crucial in improving quality of life in cancer survivors. The quality of life was found better in males and in elderly population though not statistically significant.

KEYWORDS: Quality of life, EORTC, Head and neck cancer, dyspnoea, fatigue, dry mouth, nausea vomiting.