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A prospective comparison of health-related quality of life during potentially curative chemoradiation or neoadjuvant treatment and surgery for locally advanced oesophageal cancer

K N L Avery¹, C Metcalfe¹, J Nicklin², C P Barham², D Alderson³, J L Donovan¹, S J Falk², J M Blazeby²

¹Department of Social Medicine, University of Bristol, Bristol, United Kingdom; ²United Bristol Healthcare Trust, Bristol, United Kingdom; ³Clinical Sciences at South Bristol, University of Bristol, Bristol, United Kingdom

Introduction: Combination chemoradiotherapy with or without surgery are widely accepted alternatives for the curative treatment of locally advanced oesophageal cancer, but the impact on health-related quality of life (HRQL) is unknown

Aims: To investigate the impact of definitive chemoradiotherapy or neoadjuvant treatment and surgery on HRQL

Participants and Methods: Consecutive patients with locally advanced oesophageal squamous cell cancer or adenocarcinoma undergoing potentially curative treatment completed the EORTC QLQ-C30 and OES18. Linear regression, adjusting for age, gender, performance status, tumour stage and tumour type, compared QOL before treatment, during treatment (12 weeks post chemoradiotherapy & 6 weeks post surgery) and during follow up (9 months post chemoradiotherapy and 6 months post surgery)

Results: 132 patients, 51 chemoradiotherapy and 81 neoadjuvant and surgery underwent treatment. Those undergoing chemoradiotherapy were older ($p=0.001$), had worse performance scores ($p<0.01$) and were more likely to have squamous cell tumours ($p<0.001$). Baseline compliance was 73% and it improved thereafter. At baseline, patients selected for chemoradiotherapy reported worse HRQL than surgery patients, with significantly worse dysphagia scores (58 vs. 32 $p=0.001$). 12 weeks after chemoradiotherapy and 6 weeks after surgery, both groups reported multiple symptoms and poor function. HRQL mostly recovered at the follow up assessment, except surgical patients reported persistently more problems with diarrhoea and reflux.

Conclusions: Definitive chemoradiotherapy or neoadjuvant treatment and surgery may yield similar clinical outcomes but the impact on QOL for each treatment varies. Phase 3 trials comparing potentially curative treatments require robust HRQL and information can be used for informed consent.