

(POSTER PRESENTATION) MINIMAL IMPORTANT DIFFERENCES FOR HEALTH RELATED QUALITY OF LIFE SCORES FROM THE EORTC QLQ-C30 IN LUNG CANCER PATIENTS: ANALYSIS OF POOLED DATA

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AIMS: The objective is to determine changes in Health Related Quality of Life (HRQOL) scores on the EORTC QLQ-C30 scales (with range 0-100) which correspond to the minimal important difference (MID). **METHODS:** Two closed European Organization for Research and Treatment of Cancer (EORTC) randomized controlled trials enrolling in total 812 advanced NSCLC cancer patients were jointly analyzed. WHO performance status (PS) and weight loss (WL) were chosen as clinical anchors for 6 HRQOL scales of the QLQ-C30 questionnaire; physical (PF), social (SF) and role (RF) functioning, global health status (GH), fatigue (FA) and pain (PA). Changes in PS formed 3 groups; improvement, no change, and deterioration, while changes in weight were grouped as weight loss and no change. Patients gaining 5% or more weight were excluded. Analysis of variance was used to compare HRQOL scores between groups. The differences in the mean of HRQOL score changes between adjacent groups were used to estimate the MID. **RESULTS:** 485 (for PS) and 311 (for WL) patients who had both HRQOL and anchor values on at least 2 maximally separated time points were included for the analysis. For PS, statistically significant differences ($p < 0.05$) in HRQOL across groups were noted for all 6 scales, while for WL significant differences appeared for SF, FA and PA only. Based on the 2 anchors, the ranges of adjacent group differences were; PF (4.6-9.9), SF (4.9-10.1), RF (3.7-12.3), GH (3.0-10.2), FA (5.9-15.7) and PA (2.2-14.8). **CONCLUSIONS:** Our results suggest that in patients with advanced NSCLC undergoing treatment, the functioning scales can be interpreted using a change in score of 4 to 12 as the MID. For fatigue a change of 6-16 and for pain 2-15 can be used. These MID estimates are similar to previous reports. They provide guidelines for classification of patients by changes in HRQOL and symptoms over time, and may aid sample size determination for future studies. Further validation in cancer patients with other diagnoses and other anchors is planned.