

Implementation of Health-Related Quality of Life (HRQOL) measures in breast cancer: learning from the real-world setting experience in Chile

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Introduction

Breast Cancer (BC) is Chile's leading cause of cancer death among women. Arturo López Pérez Foundation (FALP) is a national reference cancer center, treating approximately one thousand patients with BC annually.

Patient-reported outcomes (PROs), such as health-related quality of life (HRQoL) in cancer care have shown to improve patient satisfaction, HRQoL, and overall survival. Currently, there is no systematic measurement of PROs in cancer care in Chile.

This project aims to describe the feasibility, preliminary results, and possible opportunities for improvement of incorporating PROs measures into the clinical pathway of BC in FALP.

Methods

In May 2022, we incorporated a system to collect HRQoL data in a real-world setting routinely. The project was divided into exploration and implementation phases (figure 1).

Using REDCap, automated emails were sent to every new patient diagnosed with BC who received a treatment plan from FALP BC tumor board. After consenting to participate, the scale EQ5D-3L was displayed to be filled out by the patient. For data collection points of HRQOL, we considered those proposed in the ICHOM Set of Patient-Centered Outcome Measures for BC (Ong, W. L., et al. 2017). EQ5D-3L index score was calculated according to Zárate V et al. (2011). We implemented a pilot surveillance program where case management nurses monitor severe problems reported by patients.

Results

309 BC patients were invited to complete the PROM, 134 agreed to participate (response rate 43%) (figure 2 and 3).

Wednesday concentrates the highest response rate (34%). Most patients respond the questionnaire between noon and 6 pm (figure 4).

Figure 3. Response rate by age group

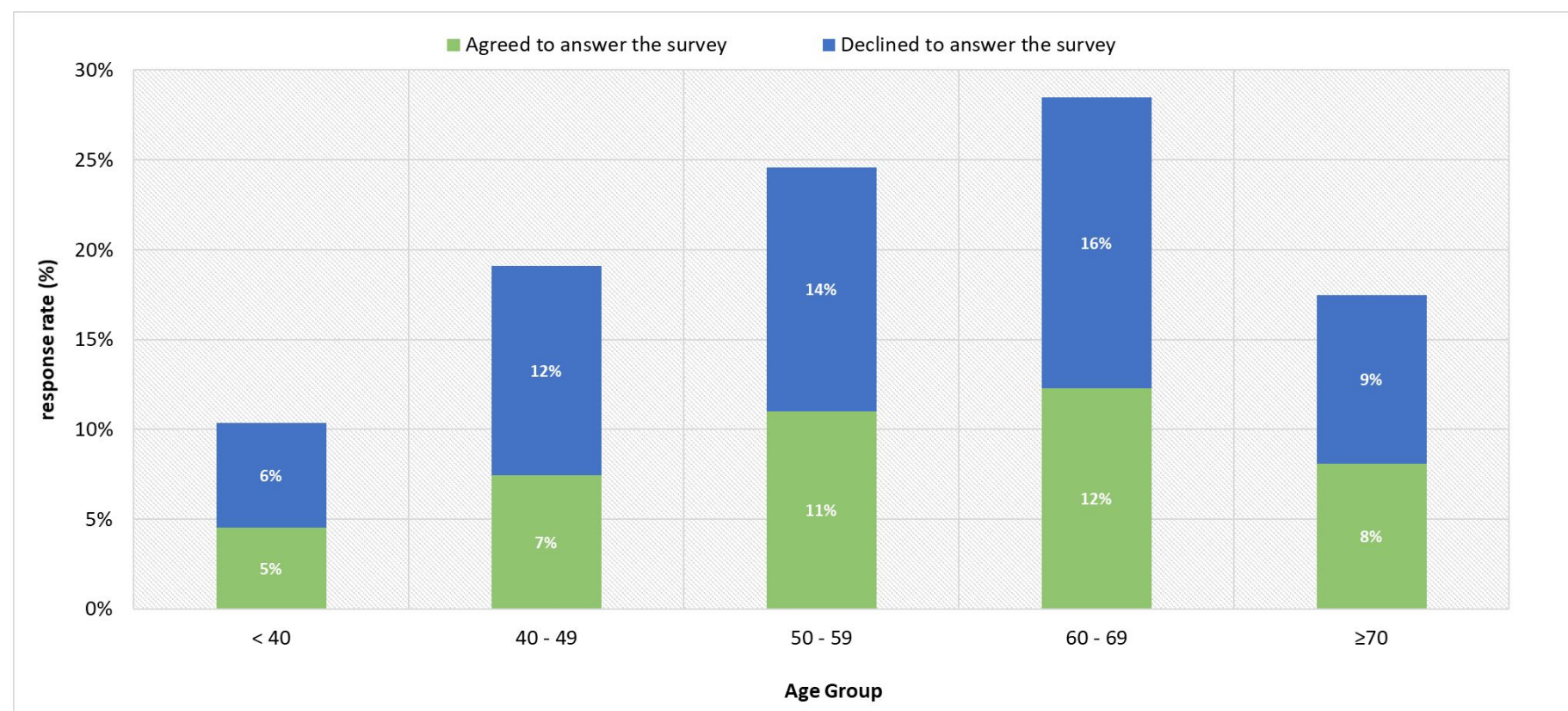


Figure 5. Percentage of responses by level of severity for EQ-5D-5L dimensions

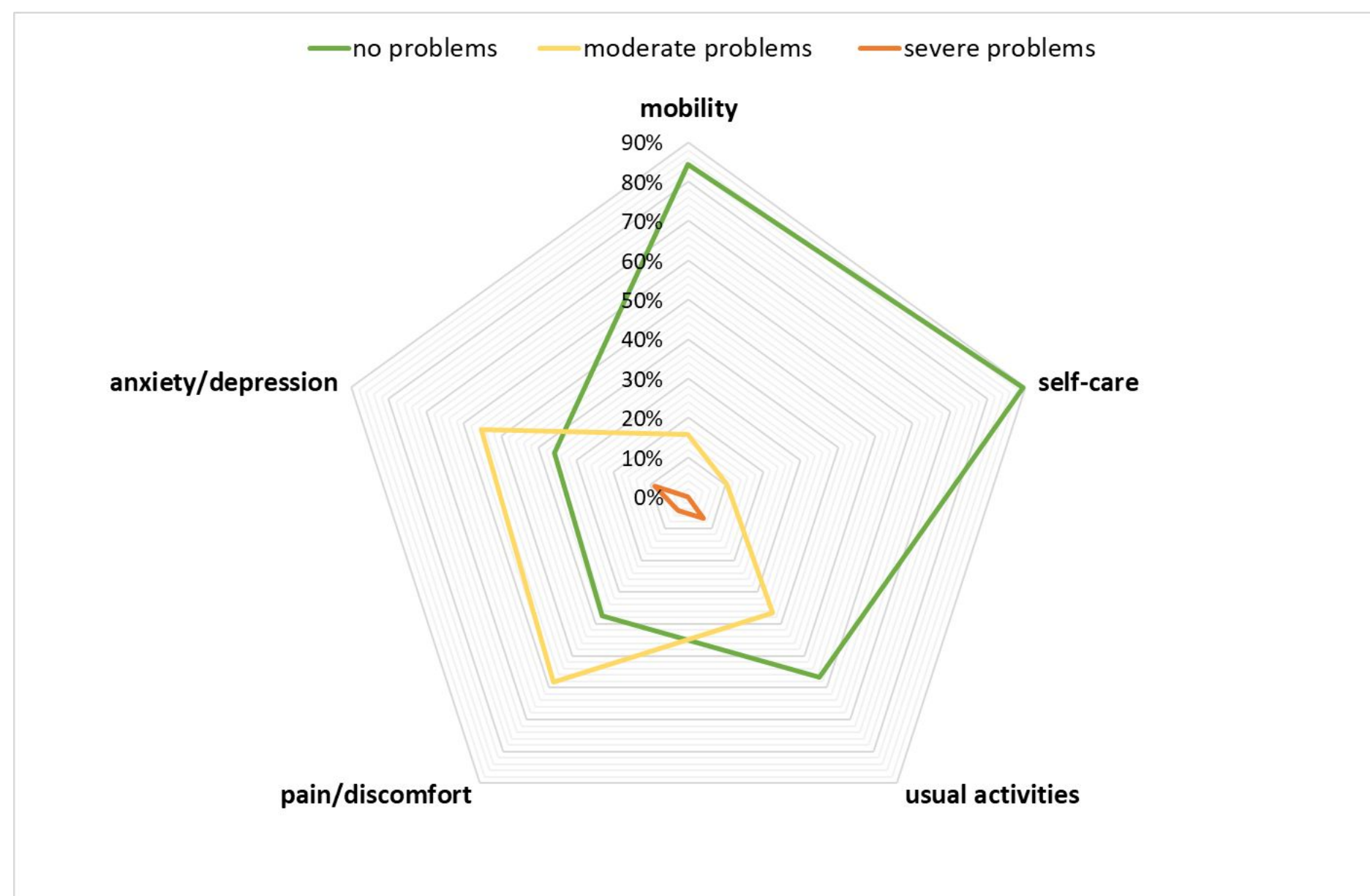
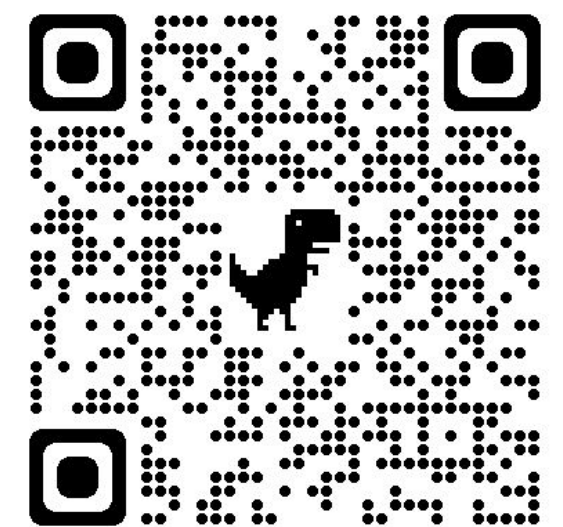


Figure 6. EQ-5D 5L dimension scores by age groups



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Conclusions

Measuring HRQOL at FALP is feasible and we encourage other providers to follow our institutional experience. EQ-5D-3L had a good level of responsiveness and questions were well understood. Future implementation of BC specific PROMs -such as QLQ-C30 and QLQ-BR23 will increase the specificity of health problems relevant to patients. Multidisciplinary teams are key for the successful implementation of these initiatives.

