


Medicine

UNIVERSITY OF
Southampton

Development of the EORTC QLQ-CAX24, a questionnaire for cancer patients with cachexia

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Cancer cachexia is...



...a multidimensional syndrome characterised by

- involuntary **weight loss**
- muscle atrophy
- physiological changes

Adversely effects

- performance status & QOL
- response to & tolerance of therapy
- survival

Why do we need a HRQOL tool?




1. Patient reported outcomes important endpoints for clinical trials
2. Provide evidence of patient perceived benefit
3. Communication aid




Inadequacy of current tools

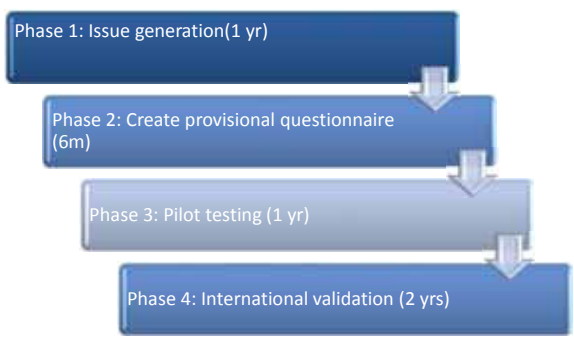
- Most relevant & important HRQOL issues not covered by EORTC QLQ-C30 or FACT-G
- FAAC – methodological flaws in development & fails to address social impact

European Organisation for Research and Treatment of Cancer Quality of Life Group



Core questionnaire = QLQ-C30

EORTC QLG Methodology



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graph TD
    A[Phase 1: Issue generation (1 yr)] --> B[Phase 2: Create provisional questionnaire (6m)]
    B --> C[Phase 3: Pilot testing (1 yr)]
    C --> D[Phase 4: International validation (2 yrs)]
    
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Phase 1: Issue generation

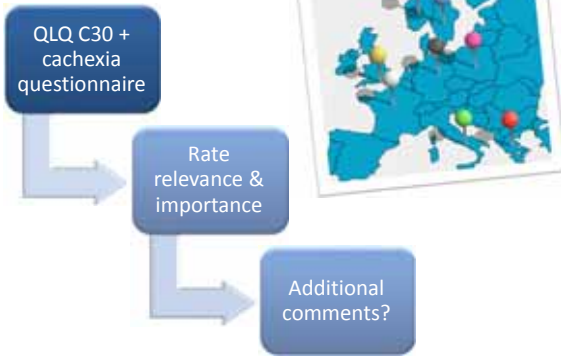
- Systematic literature review
- Semi-structured interviews
 - a. Data saturation for issues (patients)
 - b. Review whole issue list (patients & HCPs)



Phase 2: Item creation

- Issues → items
- Translated into relevant languages for Phase 3

Phase 3: Pilot testing

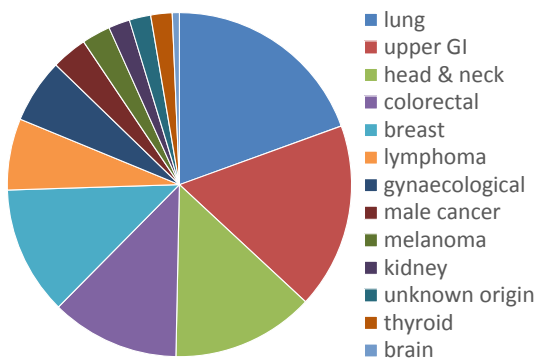


Results: Patient participants

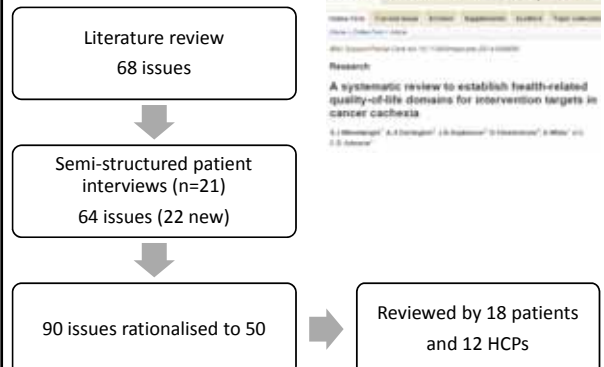
	Pure	Mixed (secondary)
Syndrome	54	51
Refractory	21	22

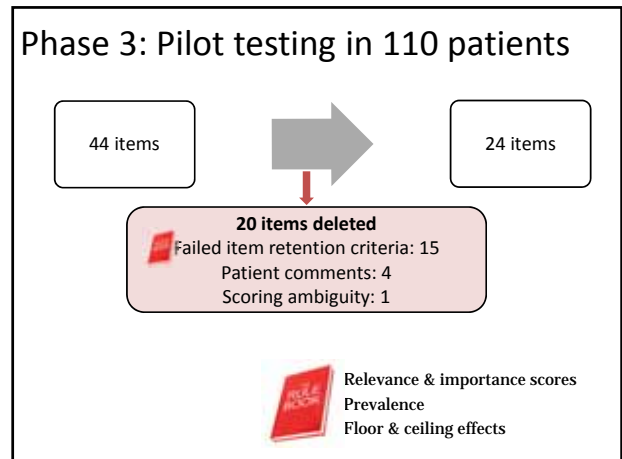
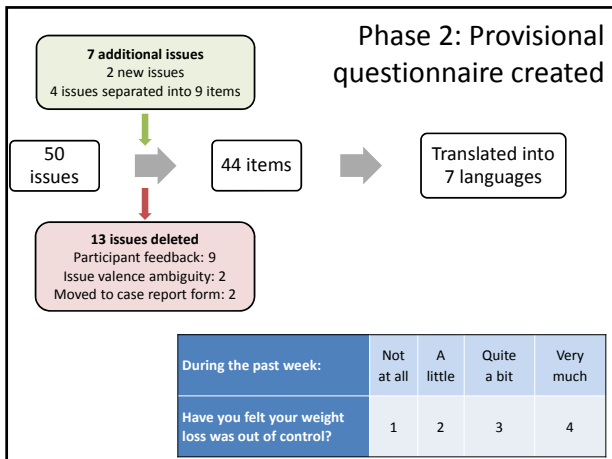
- N=149 patients (84 male)
- Mean age 62 yrs (SD=13 yrs), range: 20-93 yrs

Primary diagnosis



Phase 1





CONCEPTUAL SCALE	ISSUES
Food aversion	Taste changes. Texture of food unpleasant. Put off eating by food smells. Put off eating by quantity. Feeling too full to eat.
Eating and weight-loss worry	Worried about weight loss. Worried not eating enough. Worried about ultimate result of weight loss.
Eating difficulties	Willing but not able to eat. Difficulty drinking. Difficulties swallowing.
Loss of control	Feeling pressured by others. Concern about being a burden. Bothered by appearance. No control over weight. Keeping things normal. Staying independent.
Physical decline	Weight loss preventing usual activities. Too tired to eat. Unable to eat because in pain.
4 single items	Dry mouth. Indigestion/heartburn. Forcing self to eat. Inadequate information.

Scale	Convergent Validity Item correlation with scale (range)	Internal Consistency Cronbach's alpha
Food aversion	0.41 to 0.53	0.72
Eating and weight-loss worry	0.52 to 0.60	0.74
Eating difficulties	0.32 to 0.49	0.62
Loss of control	0.43 to 0.66	0.79
Physical decline	0.39 to 0.52	0.62

Summary

Conclusion
The QLQ-CAX24 is relevant, acceptable & applicable to patients with cancer cachexia.
It may be used for research & in clinical practice.

START!

Phase 4: International validation study

- Reliability & validity
- Psychometric properties
- Cross-cultural applicability

JOIN US

Want to be a Phase 4 centre?
Talk to me!

Thank you for your attention

Acknowledgements

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