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Evaluation Of Daily Clinical Oncology Practice's Quality Of Life: An Exploration Of Feasibility

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ABSTRACT

This feasibility study investigates the integration of daily Quality of Life (QoL) assessments into routine clinical oncology practice. With the recognition of cancer treatment's multifaceted impact on patients, extending beyond conventional survival metrics, there is a growing emphasis on evaluating QoL as an essential parameter. The study aims to assess the feasibility and benefits of daily assessments, focusing on acceptance and adherence by healthcare providers, practical incorporation into electronic health records, and potential impacts on patient outcomes. Using a mixed-methods approach over a six-month period, the study collects quantitative data from daily QoL assessments and qualitative insights through interviews and surveys. Conducted at the Government General Hospital in Guntur, Andhra Pradesh, India, the study involves 15 patients, with two dropouts. The average patient age is 57, and the majority are female, diagnosed with various cancers undergoing different treatments. Results indicate that the QoL assessments, primarily utilizing the QLQ-C30 questionnaire, were completed by patients at scheduled appointments with an average completion time of 10.3 minutes. Physician assessments showed a significant improvement in perceived knowledge of patients' daily activities from baseline to the third visit. The QoL summary was deemed helpful by physicians in improving communication and obtaining essential information from patients without disrupting their routine. In conclusion, this feasibility study suggests that standardizing daily QoL evaluations in outpatient cancer clinics is practical and well-received by both patients and healthcare providers. The simplicity of the questionnaire and rapid accessibility of findings make it feasible to integrate into daily routines, potentially reshaping oncology care towards a more patient-centered and holistic approach.

Keywords: Quality Of Life (QoL), Oncology, Cancer, Patient’s Outcome.

Introduction:

Quality of life (QoL) assessment has become an integral aspect of healthcare, particularly in the context of clinical oncology. Recognizing the multifaceted nature of cancer treatment and its impact on patients' well-being, there is a growing emphasis on evaluating QoL as an essential parameter in addition to traditional clinical measures. This feasibility study seeks to investigate the practicality and benefits of incorporating daily QoL assessments into routine clinical oncology practice.

Rationale:

The rationale behind this study stems from the recognition that cancer treatment, with its multifaceted physical, emotional, and social implications, extends beyond the conventional metrics of survival rates and clinical outcomes. Patients undergoing cancer therapy often face challenges that extend to their daily lives, influencing their overall QoL. By introducing a systematic approach to daily QoL assessments, clinicians aim to gain a more holistic understanding of patients' experiences, tailor interventions accordingly, and ultimately improve treatment outcomes.

Significance:

Understanding the daily variations in QoL during cancer treatment is crucial for personalized and patient-centered care. Incorporating regular assessments provides an opportunity to identify trends, intervene promptly, and enhance the overall care experience. The significance of this feasibility study lies in its potential to reshape the landscape of oncology practice, fostering a more comprehensive and patient-centric approach.

Objectives:

The primary objectives of this study are to assess the feasibility of integrating daily QoL assessments into clinical oncology practice and to explore the potential impact on patient outcomes. Specific goals include evaluating the acceptance and adherence of healthcare providers to daily assessments, examining the practicality of incorporating QoL data into existing electronic health records (EHRs), and assessing the perceived benefits and challenges from both the healthcare provider and patient perspectives.

Methodology:

The study used a mixed-methods approach to combine quantitative and qualitative QoL data. A longitudinal data collection will be conducted over a six-month period to capture changes in quality of life over time. Government General Hospitals in Guntur, Andhra Pradesh, India, were chosen for the study. In addition, healthcare providers and patients will share feedback on daily assessments to better understand the challenges they face.

Ethical Considerations:

Ensuring the ethical conduct of this study is paramount. Informed consent will be obtained from both healthcare providers and patients, emphasizing the voluntary nature of participation. Confidentiality and data security measures will be implemented to protect sensitive information. The study design also includes mechanisms for continuous ethical review and adjustments based on emerging issues.

Results:

Characteristics of patient samples:

The first phase of the study involved fifteen patients. A variety of reasons led to the withdrawal of two patients from the program. On average, the cohort was composed of individuals between the ages of 28 and 84. Nine of the fifteen participants were female, making it a female-dominated group. There were also diagnoses of head and neck cancer and lymphatic cancer along with breast cancer. The radiation treatment was administered to two patients, the chemotherapy treatment was administered to six patients, and one patient was treated post-treatment.

All 15 patients completed the Quality of Life Questionnaire (QLQ-C30) during their second and third outpatient visits as per the scheduled timeline, with an average interval of 7 weeks between administrations. With only three exceptions, patients independently completed the surveys. One patient required assistance due to limited knowledge and comprehension abilities. Averaging 10.3 minutes, the questionnaire could be completed in waiting room time between 4.1 and 16 minutes. It took approximately five minutes to score and generate the QL summary.

No significant differences were observed in addressing patients' physical or psychosocial functioning between baseline and third visits. Throughout both baseline and third visits, symptoms were more frequently discussed than the patient's level of functioning, maintaining an approximately 3:1 ratio. Table 1 presents the frequency of QL-related topics mentioned and identifies whether the initiation came from the doctor or the patient. When the Quality of Life summary was available between the second and third visits, the baseline and third visits were compared to provide focus on the baseline and third visits.

Table 1: Topics covered and introduced by the physician and patient at the baseline and second follow-up visits

	Baseline (First visit; n= 15)			Baseline (First visit; n= 15)		
	No. of topics Completed	Initiator		No. of topics Completed	Initiator	
		Physician	Patient		Physician	Patient
Functioning						
Physical	4	1	4	7	3	2
Emotional	3	0	2	5	2	2
Role	2	2	1	2	2	2
Social	2	1	0	1	1	1
Cognitive	3	3	2	4	3	2
Total :	**14**	**7**	**9**	**18**	**11**	**9**
Symptoms						
Fatigue	4	7	5	5	7	6
Nausea	8	6	3	8	7	5
Pain	7	4	2	6	6	1
Insomnia	7	3	3	8	8	3
Dyspnoea	8	4	4	8	5	4
Anorexia	6	5	2	8	5	3
Total:	**32**	**29**	**19**	**35**	**38**	**22**

Discussion:

During the initial visit, 11 out of 15 patients highlighted the significance of their physicians comprehending Their condition and treatment are not only physical, but also psychological impact on their daily lives and psychological well-being. Although most patients acknowledged their physicians' knowledge about symptoms, there was a lack of understanding regarding psychosocial functioning and everyday activities. By the third appointment, there was a perceptible increase in patients perceiving their physicians as being well-informed about these concerns, though the changes did not reach statistical significance. Concurrently, physicians' assessments indicated a statistically significant improvement in their perceived knowledge of patients' daily activities As compared to the baseline (P= 0.028).

Among fifteen instances, doctors reported that Quality of Life summaries improved communication. The final five cases were neither positively nor negatively impacted by the summary. In providing an accurate reflection of six patients' functional health and symptoms, QL summarized their functional health and symptoms accurately. Physicians and patients were able to continue their regular interactions following the summary. A QL summary also provided doctors with more pertinent information about their patients, according to three physicians. The entire medical community endorses this approach.

This brief research suggests that integrating standardized quality of life evaluations into the daily operations of an outpatient cancer clinic may be beneficial. The simplicity of the QL questionnaire allowed most patients to complete it easily, and results were promptly accessible. The questionnaire could be administered and scored while patients await their doctor's visit.

Conclusion:

This introductory overview delineates the underlying reasons, importance, goals, examination of existing literature, research approach, potential obstacles, ethical aspects, and anticipated results of a feasibility study focusing on the incorporation of daily Quality of Life (QoL) assessments within clinical oncology settings. Through a systematic examination of the seamless integration of QoL evaluations into daily practices, the primary objective of this study is to provide substantial insights that have the potential to revolutionize the paradigm of oncology care. The ultimate aim is to promote a treatment approach that is not only centered on medical aspects but also prioritizes the holistic well-being of patients, thereby fostering a more patient-centric approach to oncological care.

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