

2 studies find patients have lower health-related quality of life after cancer diagnosis

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Cancer patients who are older than 65 years have poorer physical health and, in some cases, mental health when compared with people of the same age group without cancer, according to a study in the June 9 online issue of the *Journal of the National Cancer Institute*.

Because health-related quality of life (HRQOL) before [cancer](#) is not often measured, the impact of cancer on HRQOL is poorly understood.

To quantify the changes before and up to 2 years after [cancer diagnosis](#), Bryce B. Reeve, of the Division of Cancer Control and Population Sciences at the National Cancer Institute in Bethesda, Md., and colleagues looked at changes in HRQOL from 1998 through 2003 in 1,432 patients aged 65 years or older. They compared the patients who were enrolled in Medicare managed care plans with 7,160 matched control subjects, by using data from the Surveillance, Epidemiology, and End Results registry linked with Medicare Health Outcomes Survey (MHOS).

For patients diagnosed with prostate, breast, bladder, colorectal, kidney, or non-small cell lung cancers, or non-Hodgkin lymphoma, the researchers observed a statistically significantly greater decline in physical health of patients compared with control subjects without cancer. They also found that patients with prostate, colorectal, or non-small cell [lung cancer](#) experienced statistically significantly decreased mental health relative to matched control subjects without cancer.

"We expect this study to provide a benchmark for capturing the burden of cancer on HRQOL and an evidence base for future research and clinical interventions aimed at understanding and remediating these effects," the authors write.

In another study, also published in this issue, John L. Gore, of the Robert Wood Johnson Clinical Scholars Program at the University of California, Los Angeles, and colleagues describe HRQOL outcomes among patients 48 months after treatment for localized prostate cancer. This team, which used questionnaires that measure generic physical and mental health, as well as dysfunction specific to prostate cancer treatment, found that urinary incontinence was more common after prostatectomy than after brachytherapy or external beam radiation therapy and that sexual dysfunction "profoundly" affected all treatment groups.

"These results may guide decision making for treatment selection and clinical management of patients with health-related quality-of-life impairments after treatment for localized prostate cancer," the authors write.

In an accompanying editorial, Pamela J. Goodwin, M.D., and Srikala S. Sridhar, M.D., of the Princess Margaret Hospital and the Samuel Lunenfeld Research Institute at Mount Sinai Hospital in Toronto reiterate the importance of the studies, but point out several limitations to both.

They point out that Reeve et al. left out younger age groups, had a short study period, and produced findings not sufficiently linked to specific cancer treatments to assist patients with making decisions about treatment. Gore et al., according to the editorialists, did not address multimodality treatment and the impact of this combined approach--a growing trend for patients with aggressive disease.

"These two reports have added to our knowledge about quality of life in cancer patients," the editorialists write. "However, further research is needed to better understand the short and longer term impact of cancer diagnosis and treatment on overall quality of life, especially as screening becomes more common, our anticancer treatments improve, and patients live longer after a diagnosis of cancer."

Source: Journal of the National Cancer Institute ([news](#) : [web](#))

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