Quality of life at diagnosis may predict survival for patients with aggressive lymphoma

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Self-reported quality of life among patients diagnosed with aggressive lymphoma can predict overall survival and event-free survival, a Mayo Clinic study has found. The results were presented at the 56th American Society of Hematology annual meeting, in San Francisco.

"We studied a large sample of [patients](#) with [aggressive lymphoma](#) and found that their baseline quality of life is predictive of overall survival and event-free survival, even after adjustment for known factors related to survival," says the study's lead author, Carrie Thompson, M.D., a hematologist at Mayo Clinic. "Our findings provide evidence that patient-reported outcomes are as important as other more objective International Prognostic Indicators (IPI) and that quality of life should be assessed at diagnosis as a prognostic factor in patients with aggressive lymphoma." IPI is a clinical tool used to help predict the prognosis of patients with aggressive lymphoma.

Thompson and her colleagues followed 701 patients with aggressive lymphoma who completed baseline quality-of-life questionnaires between September 2002 and December 2009. Baseline quality of life was measured using the Functional Assessment of Cancer Treatment-General scale (FACT-G), which measures four quality-of-life domains: physical, social/family, emotional and functional well-being. Measures also included a one-question linear analogue self-assessment for

measuring overall quality of life and a linear analogue self-assessment measuring spiritual well-being.

Patients who did not complete at least 80 percent of the questions were excluded from the study. Patients ranged from 18 years to 92 years old with a median age of 62 years. Fifty-eight percent of patients were male. Forty-seven percent of patients reported baseline quality of life before receiving therapy and 53 percent reported baseline quality of life after initiation of therapy. Sixty percent of patients had a diagnosis of diffuse large B-cell lymphoma, 14 percent mantle cell lymphoma, 11 percent grade III follicular lymphoma, 13 percent T-cell lymphoma, and the remainder of the patients were diagnosed with other subtypes of lymphoma. At median follow-up of 71 months, 316 patients had experienced an event, such as the progression of their disease and 228 patients had died.

The median overall FACT-G total score was 83 and the median scores on the functional well-being, physical well-being, emotional well-being, and social/family well-being were 18, 22, 18 and 25, respectively. Six percent of patients reported a clinically deficient quality-of-life score on the FACT-G, defined as less than 50 on a 0 ⃝100 scale. When comparing quality-of-life scores between patients who were on active therapy to patients who were not yet treated, physical well-being, functional well-being and total FACT-G were lower in patients who were already on active treatment.

Thompson and her colleagues found that all quality-of-life measures but emotional well-being were significantly associated with overall survival. They also found that all measures but the linear analogue self-assessment measuring spiritual well-being remained significant after adjusting for IPI and the non-Hodgkins lymphoma subtype. "Associations were stronger for overall survival than event-free survival," Thompson says. For overall survival, the strongest associations were with total FACT-G

and functional well-being.

Thompson and her colleagues also found that the one-question linear analogue self-assessment for measuring overall quality of life was associated with overall survival. "Patients with a clinically deficient quality of life, defined as less than 50 on the FACT-G 0-100 scale, had a median overall survival of 59 months compared to 121 months for patients with baseline quality-of-life score greater than 50," says Thompson. In a sensitivity analysis, Thompson and her colleagues modeled raw quality of life for overall survival and event-free survival in the subset of patients whose quality of life was assessed prior to treatment; in that subset, hazard ratios were consistent with the adjusted quality-of-life hazard ratio in all patients.