

Prospective evaluation of Patient Related Outcome Measures (PROMS) and Health Related Quality of life (HRQoL) in patients with pancreatic cancer. Sanjay PANDANABOYANA, (THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST

Pancreatic cancer patients undergoing surgery are exposed to high rates of perioperative complications and poor survival which can affect quality of life. Patient related outcome measures are used in cancer surgery due to often limited survival after morbid and complex treatments requiring careful appraisal and shared decision making.

There is paucity of data in patients with pancreatic cancer regarding the impact of pancreatic cancer in general and postoperative complications on patient related outcome measures (PROMS). Furthermore, the effect of surgical treatment on PROMS is unknown. This prospective study aims to longitudinally assess PROMS using the core set of patient reported outcomes in pancreatic cancer (COPRAC) questionnaire and (EORTC) QLQ-C30 and the pancreatic cancer module EORTC QLQ-PAN26 for all patients undergoing pancreatic surgery for malignant pathology.

This also aims to evaluate the association between postoperative complications and PROMS and HRQoL in the short-term (within 30 days) and long-term (after 3 and 6 months) in order to find out whether and to what extent complications (none/grade I vs. minor (grade II) vs. major (grade III-V)) influence the PROMS and HRQoL.

PEI is highly prevalent in chronic pancreatitis with incidence of 85%.⁽¹⁻⁵⁾ The development of PEI has substantial implications, with malabsorption having a significant impact on a patient's symptom burden, quality of life and survival. Symptom reporting has identified that 80% of patients with PEI have abdominal pain, 64% bloating symptoms, 75% experience regular and troublesome diarrhoea and 67% report weight loss.⁽⁶⁾ The resultant malnutrition has been shown to increase the risk of osteoporosis (and the associated low impact fractures), cardiovascular events and sarcopenia.⁽⁷⁻¹⁰⁾ Recently both reduced survival and cardiac events have been reported more frequently among patients with chronic pancreatitis and not receiving PEI treatment. ^(11, 12) Post pancreatic resection, PEI is associated with increased post-operative complications, longer hospital stays and higher costs.⁽¹³⁻¹⁵⁾ It has also been shown that appropriate treatment with PERT is associated with symptom improvement, improved QOL index scores and significant survival advantages.⁽¹⁶⁻²⁰⁾