Long-Term Quality of Life and Survivorship Priorities in Esophagogastric Cancer Patients

Edward A. Joseph¹, Bibek Aryal¹, Patrick L. Wagner², David L. Bartlett², Casey J. Allen²

1. Allegheny Singer Research Institute 2. Institute of Surgery, Division of Surgical Oncology, Allegheny Health Network Cancer Institute

2. mature of burgery, Britanon of burgery oneology, rimegnony remain terroris Currer mature		
INTRODUCTION	RESULTS	Quality of Life Throughout
• The management of esophagogastric cancer (EGC) presents a	• 100 total respondents: 54% male, 90% Caucasian, 79 % received care at	Esophagogastric Cancer Survivorship
significant burden on patients' quality of life (QOL).	regional medical centers.	55
Understanding patients' priorities presents an opportunity to provide	• 81% reported esophageal cancer and 19% reported gastric cancer, of which the	50 General Population
patient-centric care.	majority (80%) adenocarcinoma.	20 Mental Well-being
	• 26% of the cohort reported metastatic disease and 66% underwent surgical	45 40 Physical Well-being
POPULATION STUDIED	management	
	• There rank-order of priorities was consistent irrespective of metastatic disease	Physical Well-being
• EGC cancer survivors participating in online support groups.	or management approach:	چ عد
NUTRIONS	Longevity and functional independence experience were ranked	
METHODS	highTreatment experience and costs were ranked low	30
Surveys distributed through online support groups	 Overall, P-QOL was 40±10 and M-QOL was 42±15, lower than the general 	Í
 Respondents were asked to rank-order prioritization of care aspects: Longevity 	population (50 ± 10); both p<0.001.	<1y 1-3y 3-5y >5y
Experience	 There was no difference in and M-QOL between patients with metastatic vs 	Survival
Costs of careWell-being	non-metastatic disease (p=0.320).	
 Wein-being Kendall's co-efficient of concordance was used to assess agreement 	 M-QOL was better for patients who underwent surgical management (p=0.010) 	CONTACT INFORMATION
amongst respondents	 M-QOL was better for patients who under went surgical management (p=0.010) M-QOL improved over the course of survivorship (37±14 at <1year vs 47±16) 	Casey.allen@ahn.org
 Physical (P-QOL) and Mental (M-QOL) well-being were assessed 	at >5 years, p=0.008).	
using the Short Form-12 questionnaire	conclusions	
	EGC survivors experience long-term health impairments yet place paramount	Allegheny Health Network
Results were compared between patients based on: Metastatic vs Non-metastatic disease	importance on longevity	
Surgical vs Non-surgical management		Health Network
• Short term (<1 year) vs Long term (>5 years) survivors	Despite enduring health-related physical impairments, there is improvement in their superior descent and the second	
	their mental well-being throughout survivorship	

