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

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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	<ul><li>high</li><li>Treatment experience and costs were ranked low</li></ul>	30
Surveys distributed through online support groups	<ul> <li>Overall, P-QOL was 40±10 and M-QOL was 42±15, lower than the general</li> </ul>	Í
<ul> <li>Respondents were asked to rank-order prioritization of care aspects:</li> <li>Longevity</li> </ul>	population ( $50\pm10$ ); both p<0.001.	<1y 1-3y 3-5y >5y
Experience	<ul> <li>There was no difference in and M-QOL between patients with metastatic vs</li> </ul>	Survival
<ul><li>Costs of care</li><li>Well-being</li></ul>	non-metastatic disease (p=0.320).	
<ul> <li>Wein-being</li> <li>Kendall's co-efficient of concordance was used to assess agreement</li> </ul>	<ul> <li>M-QOL was better for patients who underwent surgical management (p=0.010)</li> </ul>	CONTACT INFORMATION
amongst respondents	<ul> <li>M-QOL was better for patients who under went surgical management (p=0.010)</li> <li>M-QOL improved over the course of survivorship (37±14 at &lt;1year vs 47±16)</li> </ul>	Casey.allen@ahn.org
<ul> <li>Physical (P-QOL) and Mental (M-QOL) well-being were assessed</li> </ul>	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	

