Changes of quality of life in elderly gastrointestinal cancer patients after curative surgery in South Korea.


1Department of Internal Medicine, Cheoncheon Sacred Heart Hospital, Hallym University, Chuncheon, Republic of Korea
2Hallym University Sacred Heart Hospital, Anyang-si, Republic of Korea
3Department of Internal Medicine, Cheoncheon Sacred Heart Hospital, Chuncheon, Republic of Korea
4Hallym University Kangnam Sacred Heart Hospital, Seoul, Republic of Korea
5Kangdong Sacred Heart Hospital, Seoul, Republic of Korea
6Hallym University College of Medicine, Seoul, Republic of Korea
7Dongtan Sacred Heart Hospital, Hallym University, Hwaseong-si, Republic of Korea
8Hallym University Institute of Aging, Cheoncheon, Republic of Korea
9Department of Social Welfare, Hallym University, Chuncheon, Republic of Korea
10Department of Radiation Oncology, Hallym University Sacred Heart Hospital, Anyang-si, Republic of Korea
11Samsung Medical Center, Sungkyunkwan University School of Medicine, Seoul, Republic of Korea
12Department of Hematology-Oncology, Ajou University School of Medicine, Suwon, Republic of Korea
13Department of Surgery, Hallym University Sacred Heart Hospital, Anyang-si, Republic of Korea
14Department of Internal Medicine, Kangdong Sacred Heart Hospital, Seoul, Republic of Korea
15Department of Internal Medicine, Hallym University Sacred Heart Hospital, Anyang-si, Republic of Korea

Introduction: Early detection of cancer and improved treatment have led to higher survival rates and an increasing number of long-term survivors in oncology practice. But there are few longitudinal Quality of Life (QoL) studies in patients who experienced cancer surgery. To investigate the longitudinal change in QoL of elderly gastrointestinal cancer patients, we designed a prospective study for QoL in resected gastrointestinal cancer patients.

Methods: A prospective longitudinal cohort study was designed. Patients from Hallym, Ajou, and Samsung medical centers in South Korea were enrolled consecutively from February to September of 2012. Patients over 55 years old who received curative resection due to gastrointestinal cancer were included. They were given questionnaires every 6 months since then, and we’ve been using EORTC QLQ C-30 as a quality of life scale. We selected patients using propensity score matching (PSM). The mean scores of the patients completing the interview at the 3 time points were compared using mixed model.

Results: A total of 353 patients with gastrointestinal cancer were interviewed at baseline. We dichotomized patients into 2 groups (< 70 years old vs. >= 70 years old). There were significant differences in ECOG performance status between 2 groups. After balancing with PSM, we selected 272 patients. Overall QoL did not show significant difference between 2 groups at baseline interview. After repeated interview, the score of global health status, physical functioning, and pain showed significantly higher in the younger group (< 70 years old). But other items didn’t show significant difference. Especially patients in both groups felt financial difficulty increased.

Conclusion: Although the elderly gastrointestinal cancer patients showed lower score in global health status, physical function, and pain, they maintained relatively well-preserved functional status after curative surgery. But as time goes by, most patients felt increased financial burden.