ABSTRACT: Quality of Life in Patients with Metastatic Colorectal Cancer (mCRC): A Utilities Study in the United Kingdom (UK) and the Netherlands

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Objectives

To elicit utility values from EQ–5D for patients with various stages of mCRC.

Methods

An observational cross–sectional study consisting of one–time EQ–5D completion at enrollment was conducted in 5 hospitals in the Netherlands and UK. Patients were categorized into stable or progressed cohorts based on investigator assessment. Patients with mCRC were eligible if on 2nd or subsequent lines of treatment or best supportive care [BSC], received prior oxaliplatin, no prior irinotecan, and had Eastern Cooperative Oncology Group (ECOG) performance status scores of 0–2 at 2nd line initiation similar to the VELOUR trial,. Chart data on patient
demographics, clinical history, prior/current treatments, serious adverse events (SAEs) were collected. Average utilities were estimated; uni- and multivariate analyses were conducted.

**Results**

75 patients were enrolled, 42 patients stable on 2nd line or 3rd line following an AE on 2nd line and 33 progressed patients. Mean age was 63 (standard deviation [SD]=10); 52% male. Most patients in the stable (98%) and progressed (88%) cohorts had ECOG scores of 0–1 at enrollment. 7% and 15% of patients in stable and progressed cohorts respectively had ongoing SAEs at enrollment. Mean utility scores were 0.741 (SD=0.230) and 0.731 (SD=0.292) for stable and progressed patients respectively. Higher proportions of patients reported increased anxiety/depression (36% vs. 12%) and fewer problems with daily activities post–progression (64% vs. 38%). 83% and 42% of patients in stable and progressed cohorts respectively, were on treatment at enrollment.

**Conclusions**

While the majority of the stable cohort had good performance status and few SAEs ongoing at enrollment, utility values were not much higher compared to the progressed cohort. Higher values in the progressed cohort may be attributed to exclusion of patients in palliative care centers, radiological versus symptomatic disease progression and patients remaining on treatment, having few SAEs and good performance status at enrollment.