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| Paper Category: | Others |
| Paper Title: (Arial Font; 14 Pt Size) | Frailty and impact on quality of life in older adults receiving curative cancer treatment – Findings from the GOSPEL study |
| Abstract Body: (Arial Font; 12Pt Size) | <ul style="list-style-type: none"> • Background • Objectives • Method • Results • Discussions and Conclusions |

(Maximum word limit - 300 words)

Background

Frail older adults are often excluded from curative cancer treatment trials. These trials also focus on survival outcomes, whereas in studies of patient preferences, older cancer patients prize quality of life (QoL) over longevity. Whilst frailty is known to be associated with a poorer QoL, the impact of frailty on the QoL of older adults undergoing curative cancer treatment is not known.

Objectives

This study aimed to evaluate the impact of frailty on QoL over 3 months in older adults undergoing curative cancer treatment.

Method

This was a prospective observational study of older adults (Age \geq 65) with solid organ cancer planned for curative cancer treatment. Subjects were classified as frail if the Clinical Frailty Score (CFS) was \geq 4 and non-frail if otherwise. QoL was assessed with the European Organisation for Research and Treatment of Cancer (EORTC) QLQ-ELD14 and EuroQOL-5D-Visual Analogue Scale (EQ5D-VAS) where lower scores indicate poorer QoL. Scores were collected at 3 time-points: 0, 1 and 3 months from cancer diagnosis. We compared the scores between frail and non-frail subjects using T-test and Mann-Whitney U test for parametric and non-parametric outcomes respectively.

Results

71 subjects were recruited and 28(39.4%) were frail. At baseline, frail subjects had lower mean EQ5D-VAS scores [65.3; standard deviation(SD)16.1] than non-frail subjects [77.7; SD13.3], $p=0.001$. They also reported poorer EORTC QLQ-ELD14 median scores in subscales of mobility, burden of illness, joint stiffness and summary score at baseline (all $p<0.05$). At 1 month, median scores in subscales of mobility, future worries and summary score were poorer for frail subjects (all $p<0.05$). Scores at 3 months were not statistically different between both groups.

Discussions and conclusions

Frail subjects undergoing curative cancer treatment had poorer QoL scores as compared to non-frail subjects. Supportive care interventions should be designed to target the above highlighted areas of deficits to improve QoL in frail subjects during treatment.

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