

ONLY MINOR IMPAIRMENT OF HEALTH RELATED QUALITY OF LIFE (HRQL) IN ADULT LONG-TERM SURVIVORS OF ACUTE LYMPHOBLASTIC LEUKEMIA (ALL)

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Haematologica 2007;92(suppl 1)

Background: Compared to survivors of childhood leukemia, only little is known about late effects and HRQL of adult patients with ALL. With the improvement of survival-rates up to 40% in the last 10 years, the status of long-term survivors of adult ALL is of increasing interest. The German Multicenter Study Group for Adult ALL (GMALL) has conducted 7 consecutive prospective studies for de-novo ALL since 1981. All patients received intensive chemotherapy (CT) with or without stem cell transplantation (SCT). This is the first interim-analysis of HRQL in long-term survivors of GMALL studies 02/84–06/99

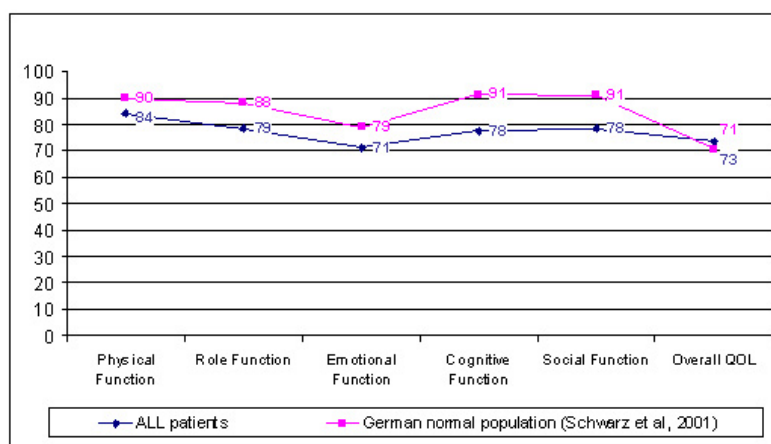
Methods: A questionnaire with 191 questions was sent out to patients of 5 consecutive studies, alive at least 5 years after diagnosis. HRQL was evaluated with the EORTC-QLQ-C30 questionnaire, and the correspondent Q-Leu Module. In addition, questions concerning health-status, fertility-issues, social-family-life and working-conditions were enclosed. Results were described and if possible compared to the German normal population.

Results: For this interim analysis, questionnaires from 152 patients were evaluable. Median age was 40 years (21-70). 64% of the replying patients were male. Median-time after diagnosis was 10 years. EORTC functional scales – esp. cognitive and social function - were slightly reduced, compared to the German normal population, but overall QOL was even better (Figure 1). EORTC-symptom scales showed that fatigue and low physical-functioning increased particularly in elderly patients. Gender-differences concerned pain and insomnia, whereas women were less impaired than men. No significant differences were found between patients undergoing SCTvsCT. Women underwent significantly more often joint-surgery due to osteonecrosis (25%vs11%). Men significantly more often reported hypertension (28%vs9%), bowel- (15%vs6%), liver- (15%vs6%) and kidney-diseases (9%vs2%). The most frequently reported health-problems were back-pain (37%), allergies (24%) and hypertension (20%). Amazingly, the reported QOL did not correlate negatively with obvious health-problems. 85% of the patients estimated their own activity just as well as before their disease (ECOG 0 or 1) and 83% estimated their chance to stay healthy as “very-good” or “good”. Most patients reported closer relationship to their friends and family after the disease. Reduced mental-capacity, loss of concentration and limited physical-function were major self-reported complaints.

Fertility after therapy is a major concern of patients, but preservation opportunities were offered only in 23% of men and in none of the women. However, more than half of all patients with desire to have children could realise this wish after therapy. 66% of the patients who were employed prior to their disease also worked afterwards part- or fulltime.

Conclusions: Overall HRQL of patients 10-years after ALL is only slightly impaired compared to the normal population. Major differences concerned cognitive-, and social-functioning. HRQL of SCT-patients did not differ compared to CT-patients. Although fertility appeared to be preserved in over half of the patients, sperm-cryopreservation should be offered to all men before treatment. High QOL-scores, also in patients with health problems, suggest that coping-strategies play an important role. Therefore evaluation of QOL at several time-points (before, during and after therapy) is preferable to optimize supportive-care and to improve psycho-social support. Supported by the Deutsche-José-Carreras-Leukämienstiftung(Grant.No.DJCLS-R05/09)

Figure 1: EORTC QLQ C30



Higher scores = higher functionality

Score differences of 10-15 are considered as "clinical significant"