

# From Research to Practice: Quality of Life Assessment in Medical Oncology

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Commentary on “Quality-of-Life Assessment for Routine Oncology Clinical Practice” by Halyard and Ferrans (page 221).

The application of quality-of-life (QOL) assessment in clinical practice is an essential component of quality cancer care. The article by Drs. Halyard and Ferrans documents both the evolution of QOL assessment in oncology and also advances such as computer technologies that are enhancing patient communication of QOL concerns.

At City of Hope (COH), we are engaged in several current QOL studies that illustrate the conceptual issues raised by Drs. Halyard and Ferrans. Following is a description of these studies, which hopefully will add to the recognition of the importance of QOL assessment in oncology practice. This research is built upon more than 25 years of QOL research and over 50 clinical studies at COH and is based on a QOL conceptual model that includes domains of physical, psychological, social and spiritual well-being.<sup>1</sup>

## QOL Concerns in Lung Cancer, Ovarian Cancer, and Symptom Management

As Drs. Halyard and Ferrans have acknowledged, QOL assessment is of particular importance in helping patients with clinical decision making and in identifying needs for supportive care services. Current research at COH on “Quality of Life and Symptom Concerns in Lung Cancer” (B. Ferrell and M. Koczywas, principal investigators) is using structured QOL assessment to identify the specific needs of this population. The initial phase of this research included a review of 100 patients with lung cancer over 6 months of their care and identified critical, unmet QOL concerns,

including symptoms such as dyspnea and fatigue, psychological issues, and family burden.<sup>2</sup>

A second phase of this research applied the Functional Assessment of Cancer Therapy (FACT)–Lung instrument,<sup>3</sup> a standardized QOL tool as recommended by Drs. Halyard and Ferrans, to conduct a pilot of QOL assessment of patients newly diagnosed with lung cancer. The FACT data were combined with QOL interview data and presented to an interdisciplinary team (including medical oncology, radiation oncology, nursing, spiritual care, rehabilitation, nutrition services, and psychology) to plan prospectively for attention to QOL concerns of patients beginning treatment. The ultimate goal of this research is to integrate QOL assessment and intervention as a standard aspect of lung cancer care.

The article by Drs. Halyard and Ferrans also speaks to the importance of QOL assessment amidst the advances in cancer treatment that often yield significant side effects. An example of this research is a current study of “QOL Concerns in Intraperitoneal Chemotherapy” (M. Grant, principal investigator). This collaborative research—involving nursing, gynecologic oncology, medical oncology, and social work—was sparked by the increased use of intraperitoneal chemotherapy to improve patient survival. Yet, as Drs. Halyard and Ferrans recognize, enhanced survival often comes at a cost of diminished QOL.

This study includes the FACT–Ovarian tool<sup>3</sup> in conjunction with QOL interviews with patients. The study design also includes a retrospective sample of patients who have completed intraperitoneal chemotherapy, a prospective study of women undergoing this treatment, and, in the final phase, a pilot QOL intervention to address the identified concerns. This study builds on several years of previous studies by COH investigators identifying QOL issues common in ovarian cancer.<sup>4,5</sup> QOL assessment is of particular importance in new treatment modalities whose impact on QOL is not well documented. The ability to assess and respond to QOL concerns can enhance the patient’s ability to

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J Support Oncol 2008;6:230–231

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participate in clinical trials and hopefully to improve retention in treatment plans.

The authors of this review on “QOL Assessment Issues in Routine Oncology Practice” also address the role of such assessment in identifying symptom concerns. Extensive literature has demonstrated patient reluctance to report symptoms. An R01 study in progress at COH and funded by the National Cancer Institute (NCI) is focused on “Barriers to Pain and Fatigue Management” (B. Ferrell, principal investigator).<sup>6,7</sup> This collaborative study is an effort by nursing research, medical oncology, and several supportive care departments using routine QOL assessment to identify the concerns resulting from pain and fatigue.<sup>6,7</sup>

Structured QOL assessment using standardized tools provides an efficient means of assessing several physical symptoms, but it also is a way to assess the impact of those physical symptoms on psychosocial concerns. This study has completed the interventional phase and has demonstrated success in improving control of pain and fatigue; the final two years of the project are targeted toward integrating this care into usual practice.

### QOL Concerns in Culturally Diverse Populations

One of the issues not addressed in the article by Drs. Halyard and Ferrans is the important influence of culture on QOL. Our increasingly diverse society requires attention to cultural factors influencing a diagnosis of cancer. NCI-supported research at COH is addressing “QOL Issues in Hispanic Women with Breast Cancer” (G. Juarez, principal investigator). Use of a Spanish version of the COH Breast Cancer QOL instrument<sup>1</sup> provides assessment of issues in breast cancer treatment that are culturally based, such as expression of symptoms, sexual-

ity, hope, anxiety, and others. Assessment of QOL concerns is followed by a structured teaching program using translated materials that are adapted for this population.

### Summary

QOL assessment is essential to quality cancer care, and clinical research can test interventions that can be integrated in practice. Attention to patient QOL concerns is contingent on communication between patients and providers. Inclusion of QOL assessment in practice also is a valuable message to patients that we care about the person with cancer and that QOL is the ultimate goal of oncology practice.

### References

*PubMed ID in brackets*

1. City of Hope Pain & Palliative Care Resource Center Web site. Available at: [http://www.cityofhope.org/prc/qual\\_life.asp](http://www.cityofhope.org/prc/qual_life.asp). Accessed April 21, 2008.
2. Podnos Y, Borneman T, Koczywas M, Uman G, Ferrell B. Symptom concerns and resource utilization in patients with lung cancer. *J Palliat Med* 2007;10:899–903. [17803411]
3. Functional Assessment of Chronic Illness Therapy Web site. Available at: <http://www.facit.org/>. Accessed April 21, 2008.
4. Ferrell B, Smith S, Ervin K, Itano J, Melancon C. A qualitative analysis of social concerns of women with ovarian cancer. *Psychooncology* 2003;12:647–663. [14502590]
5. Ferrell B, Smith S, Cullinane C, Melancon C. Symptom concerns of women with ovarian cancer. *J Pain Symptom Manage* 2003;25:528–538. [12782433]
6. Sun V, Borneman T, Ferrell B, Piper B, Koczywas M, Choi K. Overcoming barriers to cancer pain management: an institutional change model. *J Pain Symptom Manage* 2007;34:359–369. [17616336]
7. Borneman T, Piper B, Sun V, Koczywas M, Uman G, Ferrell B. Implementing the Fatigue Guidelines at one NCCN member institution: process and outcomes. *J Natl Compr Canc Netw* 2007;5:1092–1101. [18053431]