Age at diagnosis and gender are associated with long-term deficits in disease-specific health-related quality of life of colon and rectal cancer survivors

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Research for a Life without Cancer

Background

- Incidence rates of colorectal cancer (CRC) are increasing among younger adults (<50 years of age)
- Limited research on the long-term disease-specific functional deficits and symptom burden of CRC survivors diagnosed <50 years¹

Study Aims

- Compare disease-specific functional deficits and symptoms by age at diagnosis of colon and rectal cancer survivors
- Assess whether observed differences differ by gender of colon and rectal cancer survivors

Study sample

- CRC survivors diagnosed between 1994 and 2004
- Sampled from 5 German cancer registries
- Survey conducted between 2008 and 2011

Methods

- Respondents completed the EORTC QLQ-CR29²
- Age at diagnosis categories: <50, 50-59, 60-69, ≥70 years
- Least square means derived using linear regression
- Adjusted for gender, education, time since diagnosis, cancer stage, treatment, where appropriate
- Missing data imputed with 25 repetitions

Conclusions

- In general, colon cancer survivors diagnosed <50 years reported lower functioning and higher symptom burden (Fig. 1)
- Younger rectal cancer survivors reported higher levels of sexual interest (Fig. 1)
- Older rectal cancer survivors reported more problems with urinary frequency (Fig. 1)
- Female colon cancer survivors in most age groups were more likely to have concerns with hair loss (Fig. 2)
- Female rectal cancer survivors in all age groups reported significantly lower levels of sexual interest (Fig. 2)

References

- Bailey CE, et al. *J Gastrointest Surg* 2015; 19: 180-8
- Gujral S, et al. *Eur J Cancer* 2007; 43: 1564-73

Results

Functioning

Symptom

Figure 1. Mean EORTC QLQ-C29 functioning and symptom scale scores by age at diagnosis

Results are based on 25 imputations.

Mean scores are adjusted for gender, time since diagnosis, cancer site, cancer stage, education, chemotherapy, and radiotherapy. P-trend values refer to tests for differences in EORTC scores by age at diagnosis.

For functioning subscales, higher scores indicate better functioning; for symptom subscales, higher scores indicate higher symptom burden.

Sexual interest subscale combines the subscales sexual interest-male and sexual interest-female.

Functioning

Symptom

Figure 2. Mean EORTC QLQ-C29 functioning and symptom scale scores by age at diagnosis, stratified by gender

Results are based on 25 imputations.

Mean scores are adjusted for gender, time since diagnosis, cancer site, cancer stage, education, chemotherapy, and radiotherapy.

For functioning subscales, higher scores indicate better functioning; for symptom subscales, higher scores indicate higher symptom burden.

Sexual problems subscale refers to the subscales getting/maintaining erection (male) and dyspareunia (female).

P-trend values refer to tests for differences in EORTC scores by gender, separate for colon and rectal cancer survivors.

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