

## MASCC/ISOO 2010 International Symposium Supportive Care in Cancer

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Abstract Number: 378

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Last Modified: February 19 2010

A prospective evaluation of functional change over 4 weeks for outpatients with common solid tumors: results from ECOG E2Z02 (the SOAPP study).

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**Objectives:** Best supportive care should improve patient function. The objective was to measure changes in function in cancer patients who receive usual care for symptoms for a 4 week period.

**Methods:** In a prospective study by the Eastern Cooperative Oncology Group, patients with invasive cancer of the breast, prostate, colon/rectum, or lung were enrolled from multiple academic sites(n=6) and community sites(n=32). At baseline and 4-5 weeks after symptom interventions, patients rated their function in 6 dimensions (general activity, mood, work, relations, walking, and enjoyment of life) on a 0-10 rating scale (MDASI-ECOG). A 2-point change was considered clinically significant for improvement or worsening. A general linear model was used to examine the effects of demographic and clinical factors on functional change.

**Results:** 3102 patients were analyzable. For the overall population, median change in function was zero for all 6 dimensions. For patients who rated their symptoms as moderate to severe at baseline, the median improvement was 1 point for general activity, work, and walking, and was 2 points for mood, relations, and enjoyment of life. Initial performance status was predictive of improvement in general activity (p<0.002) and walking (p<0.04). Clinic type (minority vs. non-minority) was a predictor of improvement in function by work (p<.03) and mood (p<.03) favoring minority clinics. Weight loss was an independent predictor of changes in mood (p<0.04). No predictors were found for functional responsiveness in relations or enjoyment of life.

**Conclusions:** In this national sample of American outpatients with common solid tumors, patients with moderate to severe symptoms were more likely to improve function in relations, mood, and enjoyment of life over a 4-5 week period. Further analyses of these outcome variations will provide insight into the role of standard symptom interventions and other unknown factors.