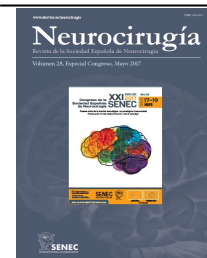




Neurocirugía



<https://www.revistaneurocirugia.com>

C0219 - IMPACT OF SURGICAL INTERVENTION ON QUALITY-OF-LIFE OF PATIENTS WITH BRAIN CANCER

R. Fernández Méndez, W.A. Sage, R.J. Rastall, Y. Wan, S.J. Price and A.J. Joannides

University of Cambridge, Cambridge, United Kingdom.

Resumen

Objectives: Surgical intervention is a key component of initial treatment for brain tumours, and its potential benefit must be outweighed against any adverse patient impact it may have. The importance of health-related quality-of-life (QoL) on informing management decisions is increasingly recognised, and we have recently established routine QoL measurement across the neuro-oncology patient pathway. On this background, we sought to evaluate the short-term impact of brain tumour surgery on QoL.

Methods: Patients presenting to a single centre were asked to complete a well-validated brain cancer QoL questionnaire (EORTC QLQ-C30 with BN20 module). Patients with a completed baseline and post-operative questionnaire within 3 months of surgery were included. The Wilcoxon signed-rank test was used to compare pre-operative and post-operative values in global health domains and cancer-related symptoms.

Results: A total of 29 patients were included in the analysis (16 female; 13 male; median [IQR] 56 [49-64] years). Most patients had high grade glioma (15; 52%) with smaller numbers of patients having low-grade glioma, metastatic tumours and meningioma. The majority of patients underwent resective surgery (22; 76%) and the remainder a biopsy only. Median time between initial questionnaire and surgery was 15 days and between surgery and follow-up questionnaire 9 days. Global functioning showed no significant difference between the two assessments ($p = 0.341$), whilst physical function ($p = 0.001$) and role functioning ($p = 0.042$) deteriorated. Symptom scores were largely unchanged post-operatively, except for pain ($p = 0.001$) and headache ($p = 0.003$), which increased, and future uncertainty ($p = 0.035$), which decreased.

Conclusions: Following establishment of longitudinal assessment of QoL in a routine neuro-oncology service setting, our preliminary results suggest that there is no short-term deterioration of global QoL following surgical intervention despite reduced physical and role functioning. This establishes an additional dimension for evaluating surgical impact, and guiding subsequent patient management.