

## Symptom Burden and Quality of Life in Advanced Lung Cancer Patients

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**Abstract :** Despite recent advances in treatment of the lung cancer patients, the prognosis remains poor. Information is limited regarding health related quality of life (QOL) status of advanced lung cancer patients. The purposes of this study were: to assess patient reported symptom burden, to measure their QOL, and to identify determinant factors associated with QOL. **Materials/Methods:** A cross sectional study of 60 patients was carried out from over the period of 03 months from February 1st to 30 April 2016. Patients were recruited in two department of health care: Pneumology department in a university hospital in Sousse and an oncology unit in a University Hospital in Kairouan. Patients with advanced stage (III and IV) of lung cancer who were hospitalized or admitted in the day hospital were recruited by convenience sampling. We used a questionnaire administrated and completed by a trained interviewer. This questionnaire is composed of three parts: demographic, clinical and therapeutic information's, QOL measurements: based on the SF-36 questionnaire, Symptom's burden measurement using the Lung Cancer Symptom Scale (LCSS). To assess Correlation between symptoms burden and QOL, we compared the scores of two scales two by two using the Pearson correlation. To identify factors influencing QOL in Lung cancer, a univariate statistical analysis then, a stepwise backward approach, wherein the variables with  $p < 0.2$ , were carried out to determine the association between SF-36 scores and different variables. **Results:** During the study period, 60 patients consented to complete symptom and quality of life questionnaires at a single point time (72% were recruited from day hospital). The majority of patients were male (88%), age ranged from 21 to 79 years with a mean of 60.5 years. Among patients, 48 (80%) were diagnosed as having non-small cell lung carcinoma (NSCLC). Approximately, 60 % (n=36) of patients were in stage IV, 25 % in stage IIIa and 15 % in stage IIIb. For symptom burden, the symptom burden index was 43.07 (Standard Deviation, 21.45). Loss of appetite and fatigue were rated as the most severe symptoms with mean scores (SD): 49.6 (25.7) and 58.2 (15.5). The average overall score of SF36 was 39.3 (SD, 15.4). The physical and emotional limitations had the lowest scores. Univariate analysis showed that factors which influence negatively QOL were: married status ( $p < 0.03$ ), smoking cessation after diagnosis ( $p < 0.024$ ), LCSS total score ( $p < 0.001$ ), LCSS symptom burden index ( $p < 0.001$ ), fatigue ( $p < 0.001$ ), loss of appetite ( $p < 0.001$ ), dyspnea ( $p < 0.001$ ), pain ( $p < 0.002$ ), and metastatic stage ( $p < 0.01$ ). In multivariate analysis, unemployment ( $p < 0.014$ ), smoking cessation after diagnosis ( $p < 0.013$ ), consumption of analgesic ( $p < 0.002$ ) and the indication of an analgesic radiotherapy ( $p < 0.001$ ) are revealed as independent determinants of QOL. The result of the correlation analyses between total LCSS scores and the total and individual domain SF36 scores was significant ( $p < 0.001$ ); the higher total LCSS score is, the poorer QOL is. **Conclusion:** A built in support of lung cancer patients would better control the symptoms and promote the QOL of these patients.

**Keywords :** quality of life, lung cancer, metastasis, symptoms burden

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