

The association between clinical, socio-demographic and logistic-administrative factors and adherence to completing health-related quality of life questionnaires.

J. Vercauteren, J. Maringwa, C. Coens, C. Quinten, C. Gotay, J. Ringash, M. King, D. Osoba, H. Flechtner and A. Bottomley on behalf of the EORTC.

**Background:**

Health-related quality of life (HRQOL) is an integral part of many clinical cancer trials. However, one of the challenges remains understanding key factors responsible for low adherence to completing patient self-reported HRQOL questionnaires.

**Methods:**

Retrospective pooling of 29 European Organisation for Research and Treatment of Cancer (EORTC) randomized controlled phase III trials (RCTs), among 11 cancer sites, yielded baseline data from 10,060 patients, including clinical variables: pretreatment (none vs. only surgery vs. systemic treatment), WHO performance status, distant metastasis, median survival time per trial (reflecting the average prognosis per trial) and cancer site; socio-demographic variables: age and gender and logistic-administrative variables: start date of the trial (1990-2004), rank of patient randomized in the trial (per center) and accrual volume per center. Adherence, defined as completing the QLQ-C30 forms at baseline, was studied via multiple logistic regression.

**Results:**

Cancer patients were more adherent if their performance status was higher (OR=1.12; 95% CI: 1.02-1.24; p=0.02), if they had a history of systemic treatment or cancer surgery (respectively OR=2.44; 95% CI: 1.95-3.05; p<0.01 and OR=2.41; 95% CI: 2.04-2.84; p<0.01) and if they had distant metastasis (OR=2.25; 95% CI: 1.90-2.66; p<0.01). Patients who had a shorter median survival time showed lower adherence (OR=0.67; 95% CI: 0.63-0.72; p<0.01). Age and gender did not have a significant impact (p>0.05) on baseline HRQOL adherence. However, adherence improved over the years (OR=1.40; 95% CI: 1.36-1.44; p<0.01) and by increasing accrual per center (OR=1.15; 95% CI: 1.08-1.22; p<0.01). Finally, adherence decreased when randomized later into a trial (OR=0.82; 95% CI: 0.76-0.89; p<0.01).

**Conclusions:**

Adherence to completing HRQOL questionnaires in EORTC RCTs has improved significantly over the years; however continuous monitoring of good quality of life assessment at the center level should be stimulated. Our analysis identified key factors for adherence that can be useful for future planning of international RCTs.