

Life after cancer

Changes in quality of life after treatment for hepatocellular carcinoma



Most primary liver cancers are classified as hepatocellular carcinoma (HCC). HCC is the second leading cause of cancer-related deaths worldwide and is responsible for approximately 600,000 deaths annually. The incidence of HCC varies across different regions but is particularly high in East Asia and Sub-Saharan Africa. In addition, the incidence of HCC in males is more than twice that in females. According to statistics from the Ministry of Health and Welfare, HCC was the second leading cause of death among malignancies in Taiwan in 2014.

Following a diagnosis of HCC, treatments include surgical resection, embolization, radiofrequency ablation (RFA), chemical ablation, chemotherapy and targeted therapy. Because the overall prognosis for HCC is poor, the quality of life (QoL) after treatment should also be taken into consideration.

It was not until the 1990s that health-related QoL among cancer patients began to receive attention. Indeed, studies have indicated that sex, age, stage of HCC and liver function are all associated with QoL in HCC patients. Overall, QoL tends to worsen as the TNM stage progresses. When QoL was assessed 24 months after treatment, one study conducted in Italy concluded that RFA was associated with worse QoL compared to hepatic resection but better QoL compared to transarterial chemoembolization or no treatment in HCC patients.

However, no previous studies had investigated the treatment experience in Asian HCC patients. How will these treatments affect QoL in an Asian population?

In May 2015, Professor Chie, from the Department of Public Health, National Taiwan University, and Mengqian Li, from the Department of Biostatistics, University of Nebraska Medical Center, published a study of the effects of different treatments on QoL in Asian HCC patients.

The research team utilized the QLQ-C30 and QLQ-HCC18 questionnaires to compare QoL following embolization, RFA or surgical resection. Adjustments were made for many potential confounding factors, including

age, sex, race, employment status, whether the participant was living with family, comorbidity, stage of HCC, liver function and QoL score before treatment. After adjusting for these factors, the results indicated that patients tended to have a higher risk for QoL deterioration when they were treated with RFA compared to embolization or surgery.

This study revealed the changes that occur in QoL after different HCC treatments, which is valuable information for patients when they are choosing which treatment to receive.

Reference

Wei-Chu Chie, Fang Yu, Mengqian Li, Lorena Baccaglini, Jane M. Blazeby, Chin-Fu Hsiao, Herng-Chia Chiu, Ronnie T. Poon, Naoko Mikoshiba, Gillian Al-Kadhimi, Nigel Heaton, Jozer Calara, Peter Collins, Katharine Caddick, Anna Costantini, Valerie Vilgrain, Chieh Chiang, *Qual Life Res.* 2015 Oct.; 24(10):2499-506. DOI:10.1007/s11136-015-0985-8.

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