DEVELOPMENT OF A PATIENT-CENTERED CONCEPTUAL MODEL DESCRIBING THE IMPACT OF LIVING WITH HEPATOCELLULAR CARCINOMA

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Objectives

- Hepatocellular carcinoma (HCC) is the most common type of primary liver cancer. Patients with HCC have been found to have poorer quality of life (QoL) than the general population.¹
- Conceptual models can be a valuable way of clarifying the expected impacts of a disease on patient well-being. There is currently no conceptual model of QoL in patients with HCC.
- The objective of this work was therefore to develop a preliminary conceptual model of QoL in patients with HCC.
- This preliminary conceptual model was used to guide the selection of Clinical Outcome Assessment (COA) tools included in a Phase III clinical trial in HCC.

Figure 2: Preliminary conceptual model of QoL in patients with HCC.

Physiological

HCC Symptoms / Side effects

- Abdominal pain
- Abdominal swelling
- Appetite loss
- Back pain
- Feel full up quickly Problems with sense after eating of taste*
 - Shoulder pain*
 - Skin blistering
 - Skin disorders

Methods

- A targeted literature search was conducted in EMBASE and PubMed (2000-2019) to extract data from publications reporting qualitative and quantitative research on QoL in HCC.
- Concepts relating to the QoL or experience of living with HCC were identified from the literature and the European Organisation for Research and Treatment of Cancer (EORTC) QLQ-HCC18² and summarized into a data extraction results table and grouped according to topical domains.
- These concepts were used for the development of a preliminary conceptual model, structured according to the Wilson and Cleary³ framework.
- Each group of concepts was given a unique title to summarize its content; these were then arranged into factors (representing overarching themes) and sub-factors (representing more detailed themes within each factor).

Results

- 36 abstracts and full text articles were included in the literature review (Figure 1).
 - 30 abstracts and full text articles described quantitative research, 3 described qualitative research, 2 were mixed and 1 was a review paper.
 - Six of these full text articles³⁻⁸ contained results (i.e. unique patient reported concepts relevant to QoL or patient experience could be identified) that were

- Bloating
- Chills*
- Dehydration
- Diarrhoea
- Digestion issues
- Dry mouth
- Fatigue
- Itching
- Liver area pain

Feeling thirsty*

Fevers*

Flatulence

- Muscle loss
- (arms/legs)*
- Nausea

worries

- Nourishment
- Skin jaundiced
- Skin peeling
- Tiredness
- Vertigo
- Vomiting
- Weakness
 - Weight loss

Impact of symptoms / side effects

• Hide illness from others

Social withdrawal

Reduced sexual interest*

Physical functioning

Functioning

Activities of daily living Interpersonal Functioning

- Difficulty finishing things*
- Don't want to do anything
- Less active than would like to be*
- Need to sleep during the day*
- Negative impact on sleep
- Reduced ability to bend • Spend more time in bed
- Anxiety Disrupted social relationships
 - Body image

Anger

Depressive mood

Emotional

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- Fear of death
- Feeling inferior
- Increased arousal
- Numbness

suitable for use in the development of the preliminary conceptual model.

- Two main factors were identified: physiological and impact of symptoms/side effects. Within the impact of symptoms/side effects factor, two sub-factors were identified: functioning and emotional.
 - The functioning impact sub-factor was grouped into the following: activities of daily living, interpersonal functioning, role functioning, work, cognitive and physical functioning.
- Two further factors were identified: coping strategies and illness perceptions. These were not included in the preliminary conceptual model as there is a lack of existing evidence to explain the relationship of these factors with the physiological factor and its impact. Furthermore, these are not symptoms, side effects or impacts, but are instead related descriptions of patient experience.



	 Role functioning Unable to look after family 	 Reduced ability to lift things Reduced ability to walk 	 Panic Poor emotional well-being Regret
	Work	Cognitive	ShockUncertainty
	 Stop working 	 Reduced concentration 	
	*Indicates a concept that was taken solely from the EORTC QLQ-HCC18 ² and not included elsewhere.		

Conclusions

- This preliminary conceptual model provides a patient-centered perspective of living with HCC.
- Six full text articles identified in the literature review^{2,4-8} contained unique concepts relevant to QoL or patient experience, which were used in the development of the preliminary conceptual model.
- The preliminary conceptual model found that physiological side effects/symptoms of HCC impacted the following: activities of daily living, role, work, interpersonal, physical and cognitive functioning and the emotional well-being of patients.
- While further work is needed to ratify the preliminary conceptual model with patients, this model offers a valuable tool for evaluating the content validity of existing COAs and provides a guide for a patient-centered measurement strategy in HCC clinical research.
- Further qualitative research is needed to explore how illness perceptions and coping strategies may relate to or interact with the concepts within the existing

experience of patients with HCC; they were case reports, economic models, study protocols or studies with healthcare professionals (not patients).

model.

References

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