DEVELOPMENT OF A NOVEL CONCEPTUAL MODEL TO DESCRIBE THE PATIENT REPORTED IMPACT OF LIVING WITH NON-SMALL CELL LUNG CANCER

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OBJECTIVES: Quality of Life (QoL) is an important outcome to determine the impact of treatments on patients' daily lives in non-small cell lung cancer (NSCLC). This study aimed to identify the components of QoL impacted by NSCLC to develop a conceptual model that describes and summarizes the impact of living with this condition.

METHODS: A targeted literature review was conducted in EMBASE® and PubMed MEDLINE® to identify qualitative research describing the impact of NSCLC on the QoL of adult patients between 2009-2019. Full text articles were retrieved when they contained QoL concepts identified by the patients. These concepts were extracted and sorted into common themes using a team-based thematic analysis approach. Each concept was given a name summarizing its content reflecting terminologies most commonly used by the patients. The concepts and common themes formed the basis of the conceptual model.

RESULTS: The conceptual model was developed from 16 publications identified from the literature search. Disease symptoms and treatment side effects reported by patients were summarized into 18 categories, ranging from fatigue to pain and shortness of breath. Many of the published studies did not differentiate patient reported symptoms of NSCLC from side effects of its treatments; this was therefore reflected in the model. Treatments included chemotherapy and radioactive therapies. The resulting conceptual model consisted of 7 themes. A NSCLC disease symptom and side effect theme impacted 6 further themes: activities of daily living, physical impact (including mobility and walking), social life, work, finances and emotions (including anger, depression and anxiety).

CONCLUSIONS: This conceptual model is derived from qualitative data and it provides a framework to illustrate QoL concepts of importance to patients with NSCLC. The model can be applied in the design of patient-centric clinical studies and selection of patient reported outcome instruments.