THE FEASIBILITY OF CONVERTING THE PAPER LUNG CANCER SYMPTOM SCALE INTO A COMPUTER-ASSISTED QUALITY OF LIFE INSTRUMENT (LCSS-QL): PROSPECTIVE EVALUATION OF THE ATTITUDES OF PATIENTS, PHYSICIANS AND NURSES IN A NON-SMALL CELL LUNG CANCER TRIAL

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Abstract

Background: The LCSS was developed as a psychometric tool including 65 and lung cancer questions to evaluate the health-related quality of life (HRQL) and symptom distress among patients with lung cancer. The primary objective of this study was to explore the feasibility of converting the LCSS-QL, a computer-aided quality of life instrument into a hand-held device. We also evaluate the impact of the LCSS-QL on the communication between patients and health care professionals.

Methods: 101 patients with NSCLC and 66 lung cancer nurses completed the questionnaire over a 3 month period. Data were entered into laptop computers and analyzed using standard statistical methods. Summary statistics were also extracted and used in the development of the LCSS-QL.

Results: A total of 101 patients and 66 nurses completed the questionnaire over a 3 month period. The mean age of the patients was 66 years (range: 39-85). The majority of patients were white (82%), female (75%), and had stage II or III disease (67%). The mean score for the LCSS-QL was 47 (range: 2-92). The mean score for the nurse version of the LCSS-QL was 88 (range: 77-100). The mean score for the physician version of the LCSS-QL was 77 (range: 67-91). The mean score for the observer version of the LCSS-QL was 95 (range: 84-98). The mean score for the hand-held version of the LCSS-QL was 95 (range: 83-100).

Conclusions: The LCSS-QL is a feasible and valid tool for measuring the HRQL and symptom distress among patients with lung cancer. The hand-held version of the LCSS-QL is a valid and reliable tool for measuring the HRQL and symptom distress among patients with lung cancer. The hand-held version of the LCSS-QL is a valid and reliable tool for measuring the HRQL and symptom distress among patients with lung cancer.