Health-Related Quality of Life (HRQol) in Newly Diagnosed Multiple Myeloma Patients in King Chulalongkorn Memorial Hospital

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Background: Multiple myeloma’s (MM) aim of therapy is to induce response that leads to a prolongation of survival and improvement of patients’ quality of life. In Thailand’s limited resource setting, no prospective HRQoL has been reported.

Objective: This pilot study aimed to explore HRQoL in newly diagnosed MM (NDMM) patients for the cost-effectiveness treatment plan in the future.

Methods: We enrolled all Thai MM patients who were diagnosed from June 2016 to May 2017 with follow-up at KCMH. All baseline characteristics, treatment received and response were collected. HRQoL were assessed by 2 questionnaires; EORTC-QLQ-C30 (quality of life of cancer patients) and EORTC QLQ-MY20 (specific for MM patients), at diagnosis (± 4 months) and after frontline treatment. In patients receiving autologous stem cell transplant (ASCT), HRQoL after treatment was evaluated at 3 months post transplant. In transplant ineligible group, HRQoL after treatment was evaluated at 6-9 months after the beginning.

Results: Thirty-six patients were diagnosed during the study period. Two patients died before data collection and eleven patients were identified later than 4-month-diagnostic interval. Among 20 patients who had completed their treatments, there were 9 male and 11 female with a median age of 61 years (range 37-83). R-ISS stage I, II, III were 1, 8 and 11 cases, accordingly. The reimbursement systems were universal coverage (11 cases), government (5 cases), and social security (4 cases). The induction regimen was bortezomib-based (12 cases), thalidomide based (2 cases), and conventional treatment (6 cases). Seventy-five patients achieved ≥ PR with 35% achieved ≥ VGPR. The EORTC QLQ-C30 score was improved from the median of 55.5 (IQR 49.5-62.75) to 49.0 (IQR 43.0-53.0) after treatment (p=0.023). The QLQ-MY-20 score was also improved from the median of 36.0 (IQR 33.5-38.0) to 32.0 (IQR 30.0-37.0) after treatment (p=0.07). HRQoL improvement was correlated with the response to treatment (p=0.028). Only 5 of 10 ASCT candidates completed their 3 months-post ASCT. All of them reported HRQoL improvement but statistical significant could not be demonstrated.

Conclusion: The HRQoL in NDMM patients is significantly improved after treatment. Expanded study in MM population could support the benefit of effective treatment scheme for Thai MM patients in the future.

Keywords: MM, Quality of Life, Newly-diagnose