* *Sessions*

“2nd International Conference on Nursing & Healthcare (Nursing-2014)”

November 17-19, 2014 at Chicago, USA.

Track 16-4       Cancer healthcareTrack 16-4; Cancer healthcare

* *Title*

Agreement between patients’ and proxies’ reports of health related quality of life in patients with end-stage lung cancer in Japan

* *Author*

Tomoyuki Takura, Tomoko Koike, Asuko Sekimoto, Masami Mutou

Professor, Ph.D.

Osaka University Graduate School of Medicine

Japan

takura@heip.med.osaka-u.ac.jp

* *Abstract*

 The number of deaths from lung cancer has consistently ranked first in Japan since 1988, and has grown steadily since. Despite this, few studies have assessed the value of palliative care for end-stage lung cancer patients; especially rare are medical economic evaluations of such palliative care.

 To effectively assess the performance of palliative care interventions in terms of their utility-cost ratios, it is essential to calculate quality-adjusted life years as indexes of outcomes. However, obtaining data on health-related quality of life (HRQoL) from patients themselves during the end stages of their illness is often difficult. Therefore, in this study, we sought to verify the appropriateness of proxy reporting of HRQoL by health professionals (i.e., nurses).

 Sixteen patients aged 67.75 ± 6.74 years with Stage IV lung cancer participated in the study. Data were gathered on each patient over a period of three days, utilizing the Euro-QoL Five-Dimension Questionnaire (EQ-5D). Proxy reports of EQ-5D were obtained from five certified nurses in the field of cancer nursing.

 Inter-rater agreement in the reporting of EQ-5D was verified in the present study. Total scores of patients and proxies on EQ-5D were found to be significantly positively correlated (Rs = 0.654, p < 0.01). Likewise, a significant positive association was observed between patient and proxy scores on each item of EQ-5D concerning “mobility,” “self-care,” and “pain/discomfort” (p < 0.01).

 From the abovementioned, proxy reporting by nurses is presumed to possess certain explanation capabilities with regard to patient HRQoL, even in the final-stages of lung cancer.