Fatigue in long-term survivors with ovarian cancer:

Results of Expression VI – Carolin meets HANNA – Holistic Analysis of LoNg-term survival with OvariaN CAncer:

the international NOGGO, ENGOT and GCIG survey

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BACKGROUND

Long-term survivors (LTS) with ovarian cancer may be cured from cancer, but frequently experience long-term toxicities such as fatigue with a huge impact on quality of life. Aim of this study was to evaluate factors associated with fatigue in LTS.

PATIENT'S AND METHODS

Within the study "Carolin meets HANNA" (www.carolinmeetshanna.com) long-term survivors with ovarian cancer (LTS) were recruited since 11/2016. Long-term survival was defined as an ovarian cancer diagnosis more than eight years ago. The anonymous survey "Expression VI" can be filled out paper-based or online and consists of 68 questions.

RESULTS

So far 473 long-term survivors from 40 centers (26 sites in Germany, 6 in Austria, 5 in Switzerland, 1 in Belgium, 2 in Turkey) could be included in this analysis.The study is still recruiting and open in Austria, Belgium, Czech Republic, Germany, Hungary, Romania, Saudi-Arabia, Slowakia, Slowenia, Spain, Switzerland, Turkey, Ukrania.

- 211 LTS (44.5%) have experienced fatigue.
- At the time point of recruitment in 23.4% (111 LTS) fatigue was still present.
- There were no differences in comorbidities prior to cancer diagnosis (except for dyslipidemia p=0.05)
- There was no differences in the amount of comedication (means: LTS with fatigue 4.6 vs. 3.4 in LTS w/o fatigue, p=0.17)
- Lifestyle factors:
  - No difference regarding physical activity before diagnosis and at timepoint of recruitment
  - Tendency that LTS with fatigue have never smoked (68.8% vs. 56.5%, p=0.06)
  - No difference in alcohol consumption

Table 1: Patients' characteristics

n=473		Fatigue	No Fatigue	p value
		111 (23.4%)	362 (76.5%)	
Median age	years	52	53	0.2
FIGO (n=221)	I	5 (4.5%)	48 (13.3%)	**0.002**
	II	10 (9.0%)	27 (7.5%)	
	III	39 (35.1%)	75 (20.7%)	
	IV	8 (7.2%)	9 (2.5%)	
Primary surgery		99.6%		
Differences in surgical procedures	omentectomy	73 (65.8%)	173 (47.7%)	**0.0008**
	Lymphonodectomy	77 (69.4%)	218 (60.1%)	0.08
	Partial liver resection	5 (4.5%)	6 (1.7%)	0.08
Adjuvant chemotherapy		106 (95.5%)	320 (88.6%)	**0.03**
Current treatment		38 (34.5%)	102 (29.25%)	0.35
Situation at recurrence				
Reccurent disease (n=470)		65 (58.6%)	149 (41.2%)	**0.001**
Amount of recurrences (n=270)	Once	21 (18.9%)	70 (19.3%)	0.055
	More than once	41 (36.9%)	75 (20.7%)	
Surgery at recurrence (n=211)		55 (85.9%)	121 (82.3%)	0.5
Differences in surgical procedures	Lymphonodectomy	23 (20.7%)	47 (12.95%)	**0.04**
	Bowel resection	19 (92.1 %)	39 (10.75%)	0.07
Chemotherapy at recurrence (n=207)		58 (92.1%)	130 (90.3%)	0.7

LTS with fatigue have a worse health status compared to LTS without fatigue

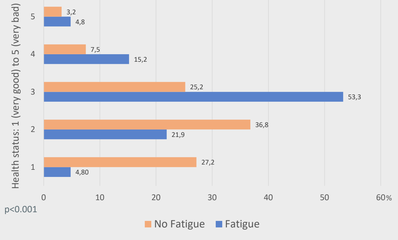


Figure 1: Evaluation of current health situation

Fatigue was associated with medical complaints at the timepoint of recruitment (p<0.001)

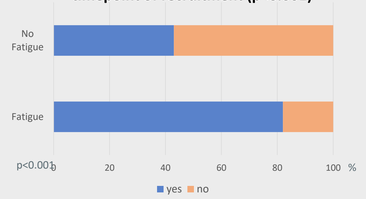


Figure 2: Current medical complaints

Long-term survivors experience still many side effects

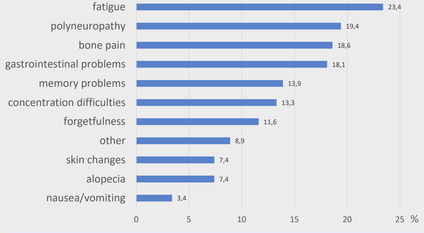


Figure 3: Side effects that are still present

Especially neurological side affects are still present in LTS with fatique

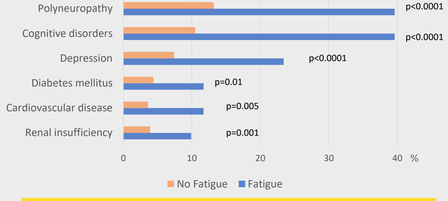
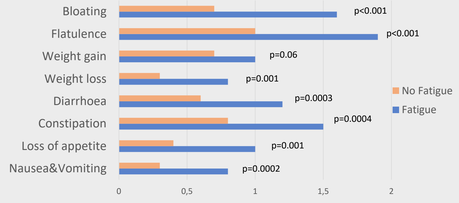


Figure 4.1: Current complaints/diagnoses in association with fatigue

LTS with fatigue have more frequently current gastrointestinal complaints compared to LTS without fatigue



(Means; 0 = no complaints ; 1-5 = complaints from minimum to maximum)

Figure 4.2 Current gastrointestinal complaints in association with fatigue

LTS with fatigue show higher distress levels compared to LTS without fatigue, p=0.0002.

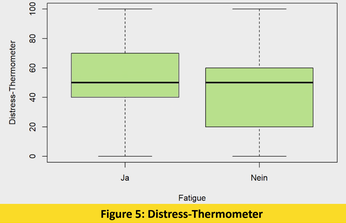


Figure 5: Distress-Thermometer

Fatigue was associated with medical complaints at the timepoint of recruitment (p<0.001)

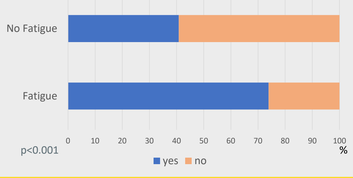


Figure 6: Do you still regard yourself as cancer patient?

CONCLUSIONS

Fatigue is very common in long-term survivors. Fatigue is associated with worsened health status and several long-term side effects underlining the impact on LTS.

Therefore systematic evaluation of fatigue and development of treatment options should be established for long-term survivors.

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