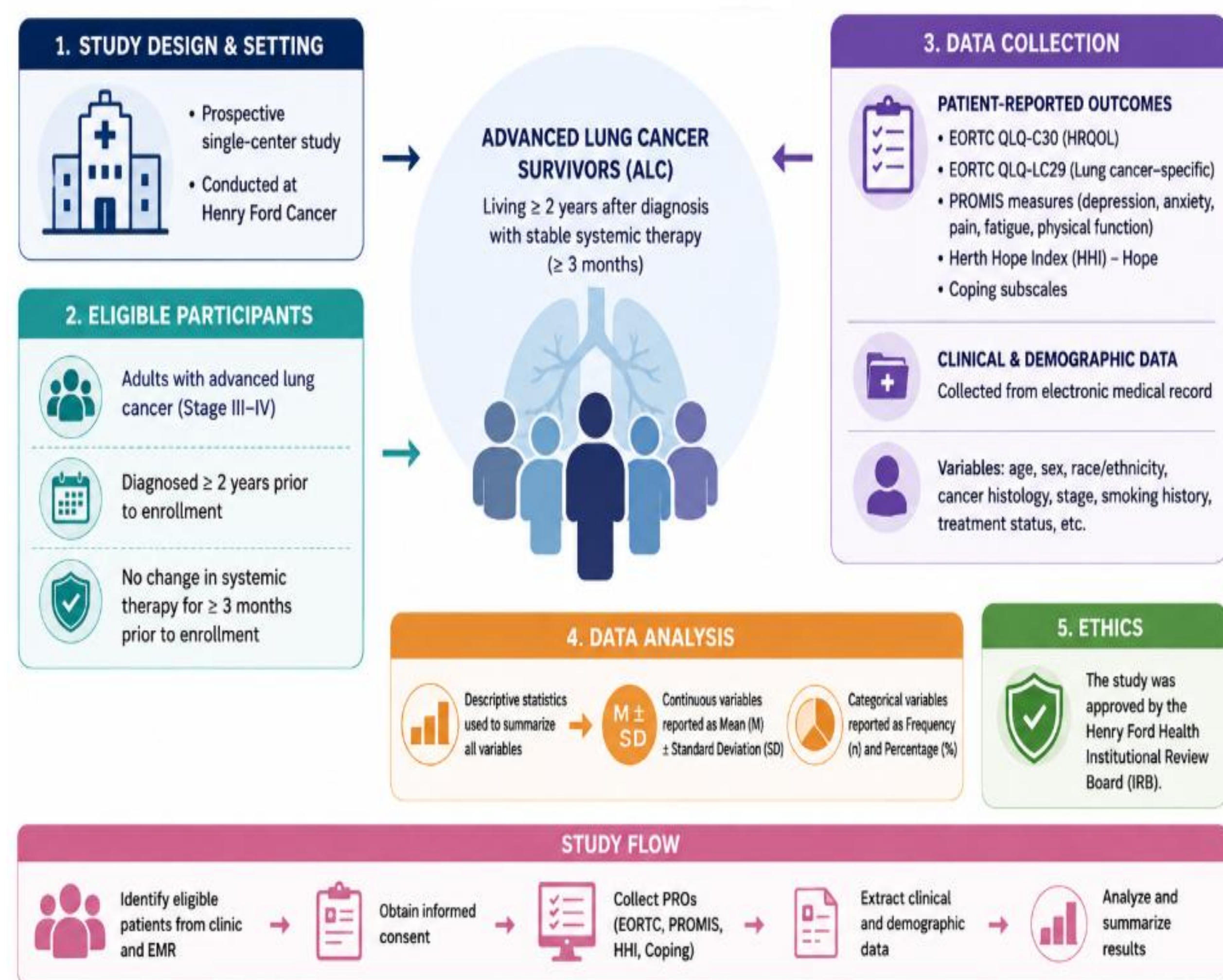




Background

- Advances in targeted therapy and immunotherapy have substantially improved survival among patients with stage IV lung cancer, with reported 5-year survival rates ranging from 10% to 62.5% depending on the NGS profile. Consequently, an increasing number of patients with advanced lung cancer (ALC) are living for several years after diagnosis.
- However, Lung cancer survivors may continue to experience physical symptoms, psychological distress, and treatment-related effects that can adversely affect health-related quality of life (HRQOL) after completion of the curative treatment.
- Hope and positive psychological adaptation may also influence how patients cope with living with advanced disease.
- Objective:** To evaluate HRQOL, cancer-related symptoms, psychological well-being, and hope among patients with ALC who survived ≥ 2 years following diagnosis.

Methods



Results

53 eligible patients were included in the preliminary analysis. 19 patients (35.8%) were receiving active treatment and 34 (64.2%) were not actively receiving treatment at the time of consent. QLQ-C30 and LC-29 (except for surgery related problem, n=19) data was available on 52 patients.

Baseline Characteristics (n= 53)	N (%)	EORTC QLQ-C30 Domain	Mean ± SD	EORTC QLQ-LC29 Domain	Mean ± SD	Coping Domain	Mean ± SD
Age, median (range)	68 (44–86)	Global (QoL)	24.8 ± 18.9	Cough	23.3 ± 16.8	Coping	10.6 ± 4.0
Sex		PF (Physical Functioning)	79.6 ± 21.2	Dyspnea	23.2 ± 19.1	Positive Focus	8.6 ± 2.4
Female	31 (58.5)	RF (Role Functioning)	80.8 ± 26.1	Fear of progression	32.4 ± 29.4	Diversion	6.8 ± 2.8
Male	22 (41.5)	EF (Emotional Functioning)	87.3 ± 14.4	Side effects of treatment	16.0 ± 11.3	Planning	7.8 ± 2.8
Race		CF (Cognitive Functioning)	82.7 ± 19.5	Surgery related problems	11.6 ± 24.0	Interpersonal Skills	14.0 ± 7.4
White	30 (56.6)	SF (Social Functioning)	85.3 ± 18.6	Hemoptysis	2.5 ± 14.4	Individual Scale	33.7 ± 10.4
African American/Black	20 (37.7)	FA (Fatigue)	29.1 ± 21.2	Weight loss	14.7 ± 25.9	HHI Domain	Mean ± SD
Asian/other	3 (5.7)	NV (Nausea/Vomiting)	9.3 ± 21.2	Pain in chest	10.1 ± 19.2	Temporality and Future	15.1 ± 3.5
Ethnicity		PA (Pain)	24.0 ± 27.3	Pain in arm/shoulder	17.6 ± 25.0	Positive Readiness and Expectancy	24.7 ± 4.6
Non-Hispanic/Latino	51 (96.2)	DY (Dyspnea)	23.7 ± 29.0	Pain in other body parts	25.2 ± 28.4	Interconnectedness	24.9 ± 5.00
Declined	2 (3.8)	SL (Insomnia)	20.5 ± 27.3	PROMIS	Mean ± SD	HHI Total Score	64.8 ± 9.5
Histology		AP (Appetite Loss)	17.9 ± 29.9	Depression	47.0 ± 8.3		
Adenocarcinoma	29 (54.7)	CO (Constipation)	21.2 ± 26.4	Physical function	44.3 ± 10.7		
NSCLC, not otherwise specified	18 (32.1)	DI (Diarrhea)	12.2 ± 21.9	Pain	51.8 ± 9.4		
Squamous cell carcinoma	4 (7.5)	FI (Financial Difficulties)	18.3 ± 26.1	Fatigue	51.8 ± 9.8		
Small cell lung cancer	3 (5.7)						

Tables above show consented patient baseline characteristics, EORTC QLQ-C30 scores, EORTC QLQ-LC29 scores, PROMIS measures, Coping scores, Hope Hearth index and HOPE scores.

	ACTIVE TREATMENT	GLOBAL QOL	PF	RF	EF	CF	SF	FI	FA	NV	PA	DY	SL	AP	CO	DI
No (N=33)	M	23.0	81.6	81.8	87.1	82.8	87.9	19.8	28.6	8.1	24.2	25.3	17.2	19.2	21.2	11.1
	SD	18.0	21.0	27.4	15.3	21.8	18.8	29.2	20.2	19.6	25.7	31.2	26.5	31.2	26.1	21.5
Yes (N= 19)	M	28.1	76.5	78.9	87.7	82.5	80.7	15.8	29.8	11.4	23.7	21.1	26.3	15.8	21.1	14.0
	SD	20.3	21.7	24.1	13.1	15.2	17.8	20.4	23.4	24.2	30.6	25.4	28.5	28.0	27.7	23.1
Total (N=52)	M	24.8	79.7	80.7	87.3	82.7	85.3	18.3	29.1	9.3	24.0	23.7	20.5	17.9	21.2	12.2
	SD	18.9	21.2	26.1	14.4	19.5	18.6	26.1	21.2	21.2	27.3	29.0	27.3	29.9	26.4	21.9

Table above show the EORTC QLQ C30 scores based on the treatment status at the time of enrollment

Conclusion

- Patients with advanced lung cancer demonstrated generally preserved baseline functioning, with high physical, role, emotional, cognitive, and social functioning scores despite a predominantly advanced-stage disease population.
- Baseline symptom burden was modest, with fatigue, pain, dyspnea, and lung cancer-specific symptoms representing the most frequently reported concerns.
- Quality of life, symptom burden, hope, and coping were comparable between patients receiving active treatment and those not receiving active treatment, suggesting similar baseline psychosocial and functional well-being across treatment groups.
- We are continuing to expand data collection in a larger population to further characterize unmet survivorship needs and inform the development of a tailored intervention plan.