

## P-10

# Quality of Life Differs by Age and Sex for Participants with Advanced Neuroendocrine Neoplasms in the eNET Study

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### BACKGROUND

Patients with neuroendocrine neoplasms (NENs) have a high burden of chronic symptoms. We assessed symptom burden and overall quality of life (QOL) for eNET study participants and analyzed differences by age, sex, and NEN primary site.

### METHODS

eNET is a prospective, cohort study on the Eureka digital health platform enrolling individuals with advanced NENs. Participants completed validated surveys on an internet-supported device at baseline and then every 6 to 12 months for a total of 3 years. We compared baseline responses on two EORTC QOL questionnaires (QLQ-C30 and QLQ-GINET2) by Pearson chi-squared or Kruskal-Wallis tests.

### RESULTS

A total of 124 participants (71% women; 69% age >60 years; 26% pancreatic, 58% gastrointestinal, 16% other primary sites) completed the baseline EORTC questionnaires. Over 10% of participants reported they experienced “very much” of the following symptoms or problems in the prior week: abdominal discomfort (11%), worry about test results (12%), disease or treatment affecting sex life for the worse (12%), distress about illness or treatment to those close to you (15%), fear of recurrence (18%), and worry about health in the future (22%). Compared with older participants, those <60 years old were more likely to have been told by others they looked flushed ( $p=0.042$ ), to be concerned about disruption of home life ( $p=0.021$ ), to report their illness or treatment had been distressing to those close to them ( $p<0.001$ ), to report problems receiving adequate information about disease and treatment ( $p=0.002$ ), and to report financial difficulties ( $p=0.039$ ). There was also a trend towards younger patients having a higher fear of recurrence compared with older patients ( $p=0.054$ ). As to differences by sex, women were more likely than men to report problems receiving adequate information about disease and treatment ( $p=0.040$ ) and reported more trouble sleeping ( $p=0.043$ ) and worse overall physical function ( $p=0.047$ ). The only significant difference by primary site across both surveys was that participants with “other” primary sites had more dyspnea than those with GI or pancreatic primaries ( $p=0.031$ ). Otherwise, responses were similar by sex, age, and primary site.

## **CONCLUSIONS**

eNET participants reported more social-emotional symptom burden (worries about future health, fear of recurrence, and relationship issues) as opposed to physical symptom burden. Younger participants were particularly affected by these issues and may represent a group to target for survivorship interventions to reduce distress and improve QOL. There are also opportunities to better inform patients, particularly women and younger patients, about their disease and treatment.

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