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Patient-reported Cognitive and Psychological Screening in Neuroendocrine Tumors (NETs) - a Prospective Cohort Study

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BACKGROUND: An association between neuroendocrine tumors (NETs) and neuropsychological symptoms has been suggested, but objective data is limited. We aimed to assess neuropsychological symptoms in NETs using validated patient-reported outcomes (PROs).

METHODS: We prospectively administered the Beck Depression Inventory (BDI-II) and the Functional Assessment of Cancer Treatment Cognitive domain (FACT-Cog), in addition to routine screening with the Edmonton Symptom Assessment System (ESAS), to adults with grade 1 or 2 NETs at a specialized NETs clinic (2017-2018). BDI-II and FACT-Cog scores were correlated to ESAS symptom scores with Spearman correlation test.

RESULTS: Of 276 patients, 45.9% were metastatic and 30.1% functional. Median time from NETs diagnosis to PROs measure was 50 (inter-quartile range - IQR 27-83) months. Using the BDI-II, 40.6% patients had mood disturbances, including 22.1% above the level of clinical depression and 4.7% with severe depression. FACT-Cog assessment revealed moderate perceived cognitive impairment (median 63, IQR 50-68, possible range 0 to 72), considerable reduction in perceived cognitive ability (median 20, IQR: 15-23, possible score 0 to 28), severe effect regarding comments received from others (median 16, IQR 14-16, possible score 0-16) and quality of life (median 15, IQR 11-16, possible score 0-16). BDI-II and FACT-Cog components did not correlate with ESAS for individual symptoms or total scores.

CONCLUSION: Using validated PROs, one out of 5 NETs patients presented signs of clinical depression and perceived cognitive ability was impaired with impact on quality of life, beyond the initial diagnosis period. The BDI-II and FACT-Cog did not correlate with routine symptom screen with ESAS; thus, specific cognitive and psychological PROs screen should be added to the management of NETs to identify patients with potential depression and cognitive impairment for further assessment and intervention in order to improve patient-centred care.

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