

# O-11

## Health-related quality of life issues in patients with non-metastatic neuroendocrine neoplasms persist after treatment

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### BACKGROUND

Little is known about the prevalence of long-term symptoms for patients with a history of neuroendocrine neoplasms (NENs) following completion of their primary cancer treatment. We sought to understand the health-related quality of life (HRQOL) of patients with NENs after receiving treatment with curative intent in the Gastrointestinal Survivorship Clinic (GISC) at the University of California, San Francisco (UCSF).

### METHODS

Self-reported HRQOL measures were obtained from the National Comprehensive Cancer Network (NCCN) Survivorship Assessment Questionnaire, which includes domains focused on fatigue, depression and anxiety, pain, sexual function, sleep, mental focus, exercise, and bowel function. Patients completed the questionnaire every 3 to 6 months prior to each appointment in the UCSF GISC. Responses to questions were either yes/no or rated on a scale from 0 to 10, with a score of 10 being the worst. Fatigue, anxiety, and pain were evaluated independently over time and compared by gender, age (<50, ≥50), and exercise frequency (<150 min/week, >150 min/week). Associations between patient characteristics and HRQOL were tested using linear mixed models fit to repeated measures within the patient, and by Pearson Chi-squared and Kruskal-Wallis tests at initial visit.

### RESULTS

A total of 82 patients (48 women and 34 men) completed 312 NCCN questionnaires from 2016 to 2024. All patients were diagnosed with a localized neuroendocrine neoplasm and were undergoing surveillance after treatment. 32% of patients had a pancreatic primary. 33% of patients identified as non-White, 67% White and 99% were English speaking. At baseline visit, 35% of patients reported fatigue (mean score 3.2), 28% reported pain (mean score 1.7), 44% reported sleep problems, 18% reported anxiety (mean score 2.8), and 57% reported exercising >150 min per week. Over subsequent visits, women experienced worse fatigue ( $p=0.007$ ), anxiety ( $p=0.023$ ), and pain ( $p=0.019$ ) compared to men. By age, there was no difference in fatigue and anxiety, however patients age<50 reported worse pain ( $p=0.011$ ). Patients who reported exercising >150 min/week reported better fatigue ( $p=0.001$ ), anxiety ( $p=0.029$ ), and pain ( $p=0.011$ ).

## **CONCLUSIONS**

Despite completing their primary cancer treatment, patients with NENs continued to report ongoing HRQOL issues which persisted over time. Fatigue, anxiety, and pain were worse in women, but reported better in those who exercised. These findings support the importance of multidisciplinary survivorship care with a focus on lifestyle interventions. Identifying those patients with the greatest need will aid in resource allocation.

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