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QOLP-13. IMPACT OF CANNABIS USE ON QUALITY OF LIFE IN PATIENTS WITH CENTRAL NERVOUS SYSTEM TUMORS

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tial psychosocial impairment in physical (N= 22/30), emotional (N= 18/30), cognitive (N= 12/30), and social (N= 26/30) subdomains of the PSC. There was a significant correlation between clinical manifestations of patient and caregiver psychosocial distress, specifically with regards to symptoms of anxiety ($p < 0.05$) and depression ($p < 0.05$). **CONCLUSIONS:** Pediatric neuro-oncology patients and caregivers report considerable levels of psychosocial impairment, particularly in physical, cognitive, emotional, and social function, as well as fatigue and insomnia. The majority of patients and caregivers exhibited coinciding symptoms, suggesting that family-based intervention may improve psychosocial stressors. This hypothesis requires future study to determine optimal timing and methods for intervention.

QOLP-12. EVALUATION OF THE UCLA NEURO-ONCOLOGY PROGRAM PSYCHOSOCIAL PATIENT SCREENING FORM IN IDENTIFYING DEPRESSION, FATIGUE, AND PERCEIVED COGNITIVE FUNCTION IN PATIENTS WITH GLIOMAS

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Given the high prevalence of neurobehavioral symptoms such as depression, fatigue, and cognitive dysfunction in patients with gliomas, it is critical to regularly screen for these symptoms at each oncology visit. The current study evaluated the validity of the UCLA Neuro-Oncology Program Psychosocial Patient Screening Form (PPSF) to measure depression, fatigue, and cognitive complaints in a sample of 22 patients enrolled in a study observing neurocognitive and psychosocial change in long-term survivors. Patients were asked to complete the PPSF at regular clinical visits, and this data was retrospectively reviewed. The PPSF consisted of the Patient Health Questionnaire-2 (PHQ-2) and options to endorse experiencing more fatigue, as well as significant memory, speech, attention, or thinking difficulties. At the most recent visit, patients also completed a validated psychosocial assessment that included the Beck Depression Inventory-II (BDI-II), Multidimensional Fatigue Symptom Inventory-Short Form (MFSI-SF), and Functional Assessment of Cancer Therapy-Cognitive Function (FACT-Cog). Endorsement of recent depressive symptoms, increased fatigue, and elevated cognitive difficulties on the PPSF at the most recent visit were found to be significantly correlated with abnormal mean scores on the BDI-II ($M= 22.5$, $SD= 11.24$, $t= -3.47$, $p= 0.003$), MFSI-SF ($M= 26.08$, $SD= 15.51$, $t= -2.34$, $p= 0.029$), and perceived cognitive abilities subscale of the FACT-Cog ($M= 5$, $SD= 2$, $t= 4.642$, $p= 0.00$), respectively. Abnormal scores on the MFSI-SF and FACT-Cog were also significantly correlated with endorsement of fatigue and cognitive complaints at any previous visit. Although other measures of screening for depression, fatigue, and cognitive complaints exist, the PPSF is effective in providing immediate, clinically significant information to the clinician for comprehensive patient care. The PPSF should be utilized to capture and address psychosocial changes and facilitate a deeper understanding of the effects of treatment on glioma patients.

QOLP-13. IMPACT OF CANNABIS USE ON QUALITY OF LIFE IN PATIENTS WITH CENTRAL NERVOUS SYSTEM TUMORS

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BACKGROUND: Nearly 80,000 new cases of primary brain tumors are expected to be diagnosed this year, 32% of CNS tumors are malignant. Anecdotally, patients who report use of cannabis, frequently describe higher quality of life scores (QOL) in standardized instruments. However, the lack of available tools that allow systematic documentation of cannabis use results in a barrier to accurately assess efficacy, potential benefits and risks. **METHODS:** We conducted a single center, observational study: patients with primary brain tumors answered a previously validated instrument to explore cannabis use. QOL was assessed using the instruments from the European Organisation for Research and Treatment of Cancer: QLQ-C30 and its complementary module BN-20 as well as the EuroQol instrument EQ-5D-5L. Eligible participants were identified as cannabis users or non-users, completing the instruments in a self-administered fashion. **RESULTS:** To date, 51 patients who signed informed consent were enrolled and answered the questionnaires, mean age was 51 (SD 12.95) years, 34 were male, 30 were considered active cannabis users (66.6% males and 33.3% females). The mean global health score in the QLQ-C30 instrument was 68.4 (SD: 20.7) among cannabis users and 82.2 (SD: 17.5) among non-users. The mean difference in QOL scores between users and non-users was 13.8 (95%CI: 2.8, 24.8;

$p=0.01$). In contrast the difference between cannabis users and non-users in QOL index in the EQ-5D-5L instrument was 0.13 (95% CI: 0.06, 0.2; $p=0.001$). Among cannabis users, patients perceive their symptoms as moderate before using cannabis and mild after using cannabis ($p > 0.001$). **CONCLUSIONS:** In our analysis, patients who use cannabis reported, on average, lower QOL scores. Potentially, sicker patients resort to cannabis to improve their symptoms and ultimately quality of life. The perception of patients is that cannabis usage improves overall quality of life. Findings provide support to perform prospective studies.

QOLP-14. CAREGIVER PERCEPTIONS OF END OF LIFE CARE IN PATIENTS WITH HIGH GRADE GLIOMA

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INTRODUCTION: Patients dying from high-grade gliomas (HGG) often suffer from a high symptom burden in the end-of-life (EoL) phase. Since patients with HGG typically do not follow up with providers in the EoL phase, information about quality of life and symptom management is sparse. Family caregivers are most informed about the patient's symptoms and disease course. The aim of this study is to assess the quality of EoL care of HGG patients from the caregiver perspective. **METHODS:** Caregivers participated in the Toolkit After-Death Bereaved Family Member Interview (TIME survey). This validated survey assesses EoL care by calculating "domain scores" (DS) in five different areas: 1) physical comfort and emotional support, 2) advance care planning, 3) focus on the individual, 4) attention to family, and 5) coordination of care. Caregivers also rated aspects of care using a 10 point Likert scale. **RESULTS:** In a prospective study, 40 of 55 enrolled family caregivers completed the interview a median of 26 days after death. 68% of caregivers were female. DS indicate the quality of care. (0 = no opportunity to improve care, 1 = care was always sub-optimal). Caregivers perceived high satisfaction with information and decision-making (0.18), advance care planning (0.19), focus on the individual (0.16) and coordination of care (0.11). Attention to family (0.25) was not as well rated. Caregivers rated the overall care $8.90 \pm 1.36/10$ on a 0-10 scale. **CONCLUSIONS:** Caregivers reported a high overall satisfaction with EoL care provided, though attention to family could be improved. While previous research suggests the importance of good physician communication in allowing patients to die with dignity, more focus should be on the caregiver in the EoL phase to improve end of life care, caregiver burnout and bereavement.

QOLP-15. LONGITUDINAL PERCEPTION OF PROGNOSIS OF PATIENTS WITH HIGH GRADE GLIOMA COMPARED TO THEIR CAREGIVERS AND CLINICIANS

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BACKGROUND: Treatment options and prognosis are limited for patients with high grade glioma (pwHGG), underscoring the importance of patient and caregiver understanding to prioritize goals of care and quality of life (QOL). Although addressed by multiple providers, patients and caregivers may experience discordance in understanding the prognosis. This may be related to patient/caregiver perception, cognitive decline as a result of the tumor and/or treatment, or failure by the clinician to clearly articulate this information under emotional circumstances. **AIMS:** To evaluate the longitudinal perception of prognosis of patients compared to their caregivers and their providers during the adjuvant treatment of newly diagnosed HGG. **METHODS:** After IRB approval, 16 pwHGG, their caregivers and their providers reported an overall survival estimate at each monthly visit during adjuvant treatment, as part of a larger survey. Options included "weeks," "weeks to several months," "several months to years," "indefinite number of years", or "I do not wish to answer." **RESULTS:** Seven of the sixteen patient/caregiver clusters have completed the appropriate duration of the study with the remaining completing in November. The perception of the patient differs from the caregiver at almost each visit. Regardless of the counseling provided by provider, the perception of both tends to change at each visit and can vary from dismal to overtly optimistic. There does not appear to be discrepancy between the neuro-oncology and palliative care provider's perception of prognosis. **CONCLUSION:** Newly diagnosed pwHGG and caregivers vary in their perception of prognosis, deviating not only from each other but also differing at each visit throughout the course of their illness. The providers' perception appeared to remain consistent but often varied from that of the patient and caregiver. Providers need to be aware that prognostic understanding appears to fluctuate throughout the course of illness and cannot be clarified via a single discussion.