Implementation of a health-economic analysis tool in a certified oncological centre offering Integrative Oncology concepts

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PURPOSE

Integrative oncology (IO) concepts are utilized to a high extent by oncological patients [1, 2], may be effective in treatment [3] and offer cost-saving options from the hospital perspective [4]. To evaluate the impact of IO on the health-related quality of life during 2018, we prospectively compared between the EQ-5D-5L questionnaire to our hospital’s routine to extend our portfolio of health-economic evaluations. The primary objective of the present prospective longitudinal study was to analyse whether the EQ-5D-5L can be implemented in the clinical routine of a certified cancer centre offering IO.

METHODS

Longitudinal real-world data study (Network Oncology, DRK500013335). Inclusion of oncological patients >18 years receiving IO therapy in a certified German Cancer Centre. The extension of the vote of the ethics committee to implement the EQ-5D-L questionnaire was received at the beginning of November 2018. Only questionnaires of 3 consecutive time points were analysed: (T0, T6 months, T12 months) of patients’ answer was analysed. The impact of IO therapies (standard oncological care plus add-on mistletoe extracts, VA) compared to standard oncological care only were evaluated. Statistical analyses : R 3.6.1 and excel.

RESULTS

400 primary oncological patients of the certified cancer centre answered the EQ-5D-5L questionnaires from January 2019 to September 2020. Of these, 95 oncological patients answered consecutive time points (T0, T6 months, T12 months).

At first diagnosis 34% of the patients reported mobility burden, 33% reported self-care burden, 69% reported general activity burden, 68% reported pain and discomfort, and 59% reported overall health. Only 14% had no problems in any dimension of the questionnaire.

At 12 months the proportion of patients reporting pain and discomfort (76%) as well as mobility burden increased (42%) while the proportion of patients stating general activity burden (56%), self-care burden (14%) or severe anxiety and depression decreased (5%). Overall anxiety and depression remained stable (59%). EQ-VAS level increased by 8% within 12 months revealing an improvement of patient-reported health status.

Oncological patients, especially lung cancer patients, receiving VA extracts in addition to standard oncological care revealed improved health-related quality of life: the quality adjusted life year (QALY) difference was 0.18 (%C: 0.05-0.31).

CONCLUSIONS

The EQ-5D-5L has been successfully implemented into our routine care since its introduction to our certified oncological centre in 2019. Thus, we could add a helpful health-economic tool for the evaluation of IO concepts and their impact. We started to analyse the quality-adjusted life years (QALYs) of our oncological patients receiving IO concepts including add-on VA therapy. Based on this pilot study, IO concepts appear to have a positive impact in terms of QALYs. We plan to supplement our data with further cost and cost-utility analyses that include a larger number of patients who respond to the EQ-5D-5L questionnaire.

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