WESTERN VALIDATION OF KOQUSS-40 QUESTIONNAIRE ASSESSINGQUALITY OF LIFE (QOL) OF GASTRIC CANCER PATIENTS AFTER GASTRECTOMY

Authors

Lorena Torroni[1], Federica Filippini[2], Hyuk-Joon Lee[3], Han-Kwang Yang[3], Jeong Sang-Ho[4], Maria Bencivenga[2]

Affiliation

1 Unit of Epidemiology and Medical Statistics, University of Verona – Verona (Italy),
2. University of Verona 1General And Upper Gastrointestinal Surgery Verona University – Verona (Italy)
3. Seoul National University College of Medicine, Department of Surgery, Seoul National University College of Medicine, Seoul, Republic of Korea
4. Gyeongsang National University Changwon Hospital, Department of General Surgery, Gyeongsang National University Changwon Hospital, Changwon, Republic of Korea

Introduction: Some questionnaires are used to assess patients' quality of life (QoL) after gastrectomy for gastric cancer (GC) as the EORTC QLQC30-STO22, but none assesses the post-gastrectomy syndrome symptoms. The questionnaire developed by KOrean QUality of life in Stomach Cancer Patients Study group (KOQUSS-40) was validated to fill this gap: it includes 40 questions on 11 topics.
Objective: The present study aims to provide a Western validation of KOQUSS-40 questionnaire.
Methods: After translation from English to Italian and back translation, the KOQUSS-40 was first applied to 20 patients who underwent gastrectomy at Upper-GI-Surgery of Verona to check the comprehensibility and adjust for cultural adaptation. Due to the emerging differences, we modified 3 questions and added a new one. The new version (IQUSS-41) was applied from May 2021 to April 2022 to 92 patients in 2 Italian-Centers. Criterion validity was assessed by comparing the scores of IQUSS-41 with EORTC QLQ-C30 and QLQ-STO22. Items were developed using a 4-point Likert scale, and item scores were examined using mean and standard deviation.
Results Median age was 66, 59.8% male and 57.6% BMI>25. Most had a pT≥3 (50.0%), N0(61.9%) and M0 (96.7%) gastric cancer,55.4% underwent total gastrectomy and D2-lymphadenectomy (67.4%), mainly with open technique (81.5%). 37% of patients received neoadjuvant therapy and 44.6% adjuvant chemotherapy. The criterion validity analysis showed a good correlation between IQUSS-41 and the already validated EORTC questionnaires. The item analysis revealed that after the cultural adaptation, the questionnaire was more appropriate for Western patients, indeed, the maximum score marked was 3 or 4 for all questions of IQUSS-41. Most of the missing answers were due to errors or low levels of education. These results revealed the need for further changes, such as simplifying the vocabulary and adding a sub-question, before multicentric validation. Currently, this multicenter phase is ongoing in 14 Italian Centres.
Conclusion KOQUSS-40 is the only questionnaire aiming at specifically evaluating post-gastrectomy syndrome. We provided evidence on effective cultural adaption of KOQUSS-40 by elaborating IQUSS-41. After multicenter validation, IQUSS-41 could become a valid tool to assess how much the surgical approach (open, robotic, laparoscopic) impacts the QoL of patients, especially in the context of future surgical trials involving different techniques and technologies on a Western population.