



Health-Related Quality of Life of Patients With Gall Bladder Cancer : A Targeted Review
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BACKGROUND

Gallbladder cancer diagnosis and therapy have a substantial influence on gallbladder cancer patients and their quality of life (QOL). The current study compares QOL in different treatment groups of patients with gallbladder cancer in order to identify superior treatment options in a specific group.

OBJECTIVES

To determine the impact of various therapies on the health-related quality of life (HRQoL) of patients with gallbladder cancer (GBC).

METHODOLOGY

From inception until 2022, a comprehensive search was undertaken in databases such as PubMed, Embase, and Medline to locate relevant studies reporting different HRQoL scales and patient reported outcomes. The search was limited to English. Studies that were judged to be relevant based on their title and abstract were originally included, and four studies (Figure 1) were finally selected for final inclusion following full text screening. Table 1 presents the inclusion criteria for the studies included. Relevant data such as HRQoL instruments used, Visual Analogue Scale scores, type of therapy, and so on were obtained from these included studies and utilized to summarize the results.

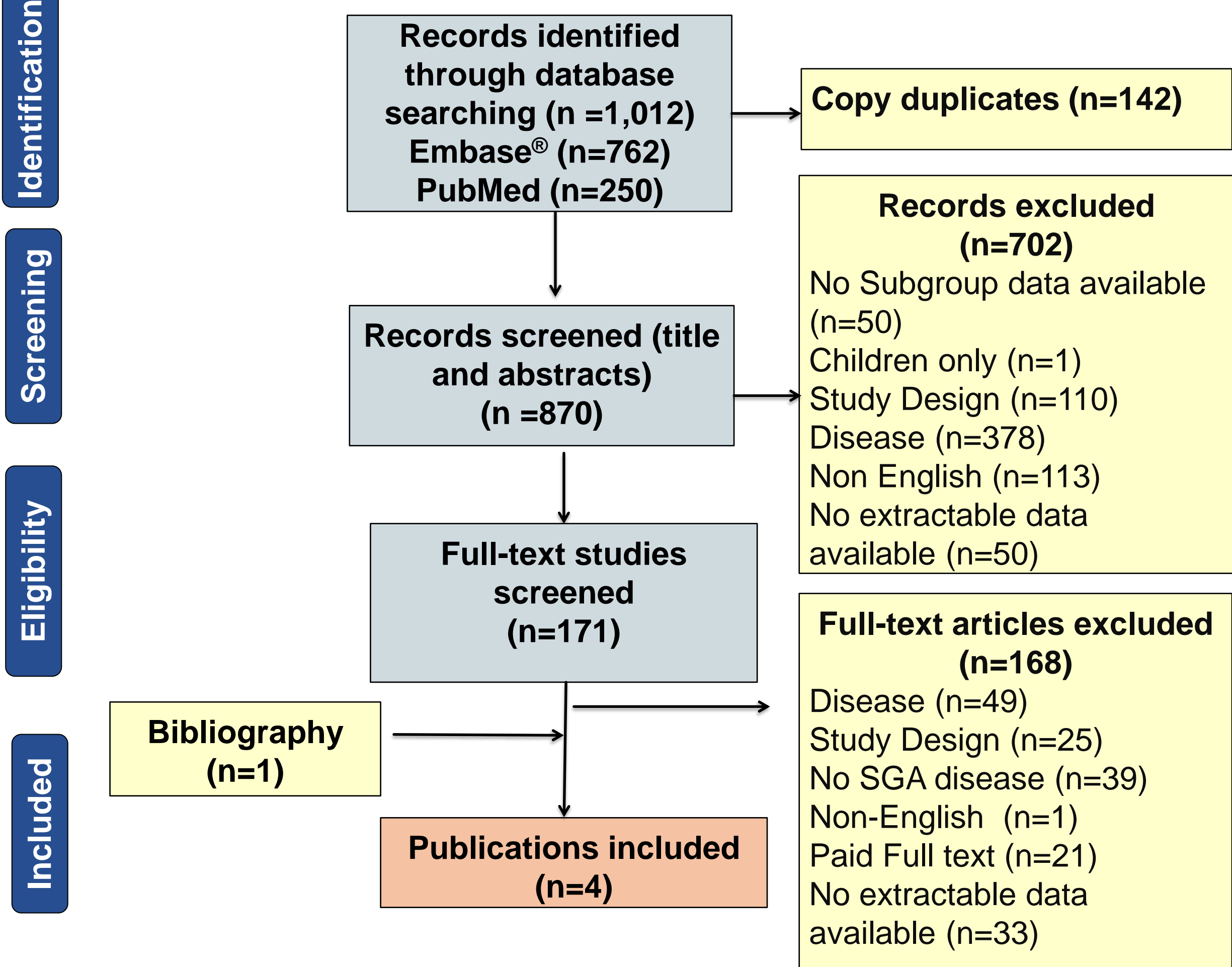
RESULTS

A total of four studies were found, with two using a generic instrument such as the Visual Analogue Scale (VAS) and the other two using a cancer-specific instrument such as the EORTC QLQ C-30 to assess quality of life (QoL) change. The condition of GBC patients was shown to be improved by endoscopic ultrasound-guided celiac plexus neurolysis (EUS-CPN). At 2 and 4 weeks following therapy, EUS-CPN resulted in a nearly 90% reduction in pain intensity as indicated by VAS relative to baseline ($p<0.001$). By week two, over 95% of patients had seen total or partial pain alleviation. Similarly, patients who had laparoscopic cholecystectomy or laparoscopic radical cholecystectomy in China had their quality of life improved ($p<0.001$) by the combined effects of epidural and general anesthesia (CEGA). The VAS score in the general anesthesia group was 2.7 ± 1.4 , whereas it was 1.4 ± 1.5 in the CEGA group. Patients with GBC who had gemcitabine-oxaliplatin in combination with huachansu injectable treatment improved their QoL by 10 to 20 points, with the global score increased from 52.3 ± 20.0 at the onset to 65.3 ± 22.4 after a month. At three months, percutaneous transhepatic biliary drainage (PTBD) was considerably better than endoscopic stenting in terms of EORTC QLQ C-30 global health status (75 vs 30.5; $p=0.02$).

Table 1: Eligibility Criteria

Population	Patients diagnosed with GBC
Intervention	No restriction
Age	Adults ≥ 18 years
Language	English language
Outcome	All HRQoL outcomes
Comparator	No restriction
Study design	All type of studies except case reports
Year of publication	Inception to 2022

Figure 1: PRISMA Diagram



CONCLUSION

There is a scarcity of information regarding GBC patients' HRQoL. GBC is observed to impact Asian patients the most. To fill the gaps in knowledge, more research on HRQoL among GBC populations is needed.