

QOL with vinorelbine vs fluorouracil/ calcium folinate in NSCLC

Vinorelbine is associated with improved symptom status in patients with advanced non-small cell lung cancer (NSCLC), compared with those who receive fluorouracil plus calcium folinate [leucovorin calcium], reports Dr Carol Moinpour from the Southwest Oncology Group Statistical Center, Washington, US.

In a quality-of-life (QOL) analysis, patients with NSCLC were randomised to receive IV vinorelbine (n = 143) or fluorouracil plus calcium folinate (68). QOL was also assessed in 162 patients who received oral vinorelbine in a single-arm trial.

Study participants completed a QOL questionnaire that included the role functioning subscale from the SF-20 Health Status Questionnaire, the physical functioning subscale from SF-36 and the Symptom Distress Scale. Patients completed the questionnaire before treatment was administered, then every 2 weeks for 2 months, and monthly for a further 2 months.

Vinorelbine improves symptom distress

There were no differences in QOL between the treatment groups over the study period when analyses that did not address selection bias were used. However, mortality was greater among patients receiving fluorouracil plus calcium folinate, than those receiving vinorelbine. Consequently, fewer QOL assessments were contributed by the calcium folinate group, and the remaining patients in the fluorouracil/calcium folinate group may have been more 'healthy', Dr Moinpour points out.

Nevertheless, when all patients were included in the analysis, regardless of the amount of data available, the symptom distress scores for IV vinorelbine recipients showed greater improvement over time, compared with those receiving fluorouracil plus calcium folinate.

Findings of the single-arm trial involving patients who received oral vinorelbine were similar to those of the randomised trial, says Dr Moinpour.

Moinpour CM. Measuring quality of life: an emerging science. *Seminars in Oncology* 21 (Suppl. 10): 48-63, Oct 1994

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