

Meeting abstract

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Adaptation of the questionnaire EORTC QLQ-STO22 to measure quality of life from Mexican patients with gastric carcinoma

Luis Oñate*¹, Alberto Alcántara², Salvador Alvarado², Edith Rojas², Vincenzo Aiello and Germán Calderillo¹

Address: ¹Department of Gastroenterology, INCan, Mexico City, Mexico and ²Department of Psychooncology, INCan, Mexico City, Mexico

Email: Luis Oñate* - lfonate@gmail.com

* Corresponding author

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Background

The gastric cancer (GC) is the most common gastrointestinal tumor and it is the second cause of death in Mexico. Recently new agents chemotherapeutic, combinations and multimodal treatments have been developed. Traditionally your outcomes assessment is for clinical answers, tumor size, toxicity, survival free of disease or global survival. However, recently attention has been called to the assessment of quality of life, which OMS defines as the state of complete well-being, not only physique but also emotional and social. The quality of life implies the global evaluation that a person makes of his life with basis in his personal (demographic, value, personality, emotions, interpersonal relationships) characteristics and in external factors, provoked for illnesses and the treatment, includes the spheres physical, psychological and social health seen as different areas that are influenced by experiences, beliefs, expectations and people's perceptions. Each one can be measured in two dimensions: an objective evaluation and the individual's subjective perception. This last one can explain that two people with similar state of health can have very different quality of life. The assessment of the Quality of life has had a wide development, through generic questionnaires designed for patient with cancer, the EORTC has developed a modulate for patient with gastric cancer that evaluates the quality of life with related to the disfagia, feeding restrictions, reflux, and abdominal pain, as well as specific symptoms of the chemotherapy or radiotherapy the questionnaire QLQ STO-22. The objective of this study was to adapt and vali-

date of the instrument EORTC QLQ-STO22 in a Mexican population from Instituto Nacional de Cancerologia (INCan)

Materials and methods

Sample

Ten patients with Gastric Cancer, the mean age is 54.5 years old (35 to 73 years). Seven were female and three men. Their occupations were: one merchant and six are devoted at the home. All three male patients were car drivers. All patients were Mexican, and Mexican-born and their maternal language was Mexican Spanish, and all can read and write Mexican Spanish. Five patients were married, one was separate, one was bachelor, one was free union and two were widows.

Procedure

The process of adaptation follow the norms pointed out by the European Organization for the Study and Treatment of Cancer (EORTC), which has been contacted with this organization and it is had their supervision and authorization.

1. Process of translate – retranslate from original English version.
2. Content validity by a group of the experts in Gastroenterology and psychooncology.

3. Test pilot in a described sample. Each patient answered the questionnaire EORTC QLQ STO-22 and immediately they were interviewed to search questions difficult, confusion, offensive, words difficult to understand.

4. Convenient adjustments to the Instrument taking into account the frequency of difficulties, and patients' suggestions.

Results

Pilot Testing

The items 32, 33, 34, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 50, 51 and 52, were not associated with any difficult to answer, confusing, difficult to understand, upsetting, neither offensive, nor any patient asked the question in a different way.

Question 31 Five patients did not understand what the word "sólidos" (solids) means or the expression "alimentos sólidos" (solid food), two patients proposed examples of solid food as "¿Ha tenido problemas con al comer carne, pan, tortilla?" (Had you have trouble to eat meat, bread, tortilla?).

The research team suggests changing the expression "alimentos duros" (hard food) for the alternative expression "alimentos sólidos" (solid food). Therefore, the definite form of the question is: Have you had problems eating hard food?. This is the only question that requires modification.

Question 35 and question 36 According to the patients these questions ask the same thing. However, the research team concluded that the difference between both questions is subtle but important to differentiate. Therefore, these questions must remain unchanged. Question 49 The question 49 provoked a reaction of embarrassment in some patients; however, the research team decided this should remain unchanged.

Conclusion

In Mexico, there is a lack of instruments to measure quality of life in GC, standardized and adapted to the Mexican culture that allow an appropriate assessment of the quality of life, and serve as additional tools of the clinical: the patient's integral evaluation with GC and the conduction of clinical trials. For this reason, it is required of translation, adaptation and validation of instruments of common use in the rest of the world, with the purpose of evaluating the impact of the oncological treatments for the GC from the patient's perspective in the physical, psychological, and social area. At the same time to help in the physician and patient's decision about the treatments and their administration, to identify the patient's needs, and

the way that support services can collaborate during the treatment process.

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