Dear Editor:

The recent article by Kirsh et al. highlights the limitations of using patient-reported quality-of-life (QoL) outcomes to measure the toxicity of cancer treatments. The authors do not mention an important contribution by the study that deserves more discussion.

The study by Kirsh et al. is a meticulous evaluation of the relationship between patient-reported and physiologic swallowing measures after chemoradiation therapy for head and neck cancer. The main finding is that, “Assessment of swallowing physiology showed that function worsened after chemoradiation therapy, but this did not correlate with patient-reported quality-of-life measures.” Dr. Ringash from the Princess Margaret Hospital has written several editorials noting this finding in head and neck cancer trials. The main reason that QoL scores often do not reflect objective physiologic deficits is a psychological phenomenon called the adaptation principle. We have written a short review of this subject. The reason to expand on the Kirsh et al. study in this letter is that failure to understand the limitations of patient-reported QoL evaluation compromises the ability to make conclusions about treatment efficacy. An example of this issue in head and neck cancer includes the high-profile publications concluding that transoral surgery is the “optimal” treatment for oropharynx cancer because patient-reported QoL scores return to near baseline a year or more after treatment. This conclusion ignores the near-universal finding of favorable long-term QoL scores following most treatment programs. As Kirsh et al. demonstrate, patient-reported QoL often does not reflect important physiologic problems. Appreciating how this study contributes to the expanding body of knowledge on the limitations of QoL evaluation will improve clinical trial design and the accuracy of conclusions about treatment efficacy.

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