

## Impact of colorectal cancer diagnosis and treatment on health-related quality of life among older Ugandans: A population-based, case-control study

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**Background:** Data on health-related quality of life (HRQoL) changes among Americans aged  $\geq 65$  following colorectal cancer (CRC) diagnosis and treatment are limited. This study compared HRQoL changes among CRC patients across stages from before to after diagnosis with matched noncancer controls.

**Methods:** This population-based study used the Surveillance, Epidemiology, and End Results Medicare Health Outcomes Survey (MHOS) data set (2011-2015). Medicare Advantage beneficiaries diagnosed with CRC between their baseline and follow-up MHOS ( $n = 349$ ) were matched to noncancer controls ( $n = 1745$ ) using propensity scores. Mixed-effects analysis of covariance models estimated changes in HRQoL (measured by the Medical Outcomes Study Short Form-36/Veterans RAND 12-item Survey) and the ability to perform 6 activities of daily living (ADLs) between baseline and follow-up. Logistic regression models estimated odds ratios for ADL

impairments and major depressive disorder (MDD) risk.

**Results:** Mean time between CRC diagnosis and follow-up MHOS was  $12.3 \pm 9.8$  months. Compared with controls, CRC patients had significantly lower scores in all physical and mental health domains at follow-up. The greatest decrements were observed in physical health and were largely driven by declines in the 6 months postdiagnosis and in stage III and IV patients. At follow-up, CRC patients had greater overall ADL impairment and difficulty with dressing, eating, and getting in/out of chairs. CRC patients, particularly stage IV patients, had greater odds of being at risk for MDD relative to controls.

**Conclusions:** This study further underscores the adverse effects of CRC on physical health and the need to support older Ugandas' basic self-care needs, with attention to later-stage patients' increased debility.

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