

FACE-Q head and neck cancer module: protocol and response rates of a Dutch multicenter cross-sectional validation study

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Introduction

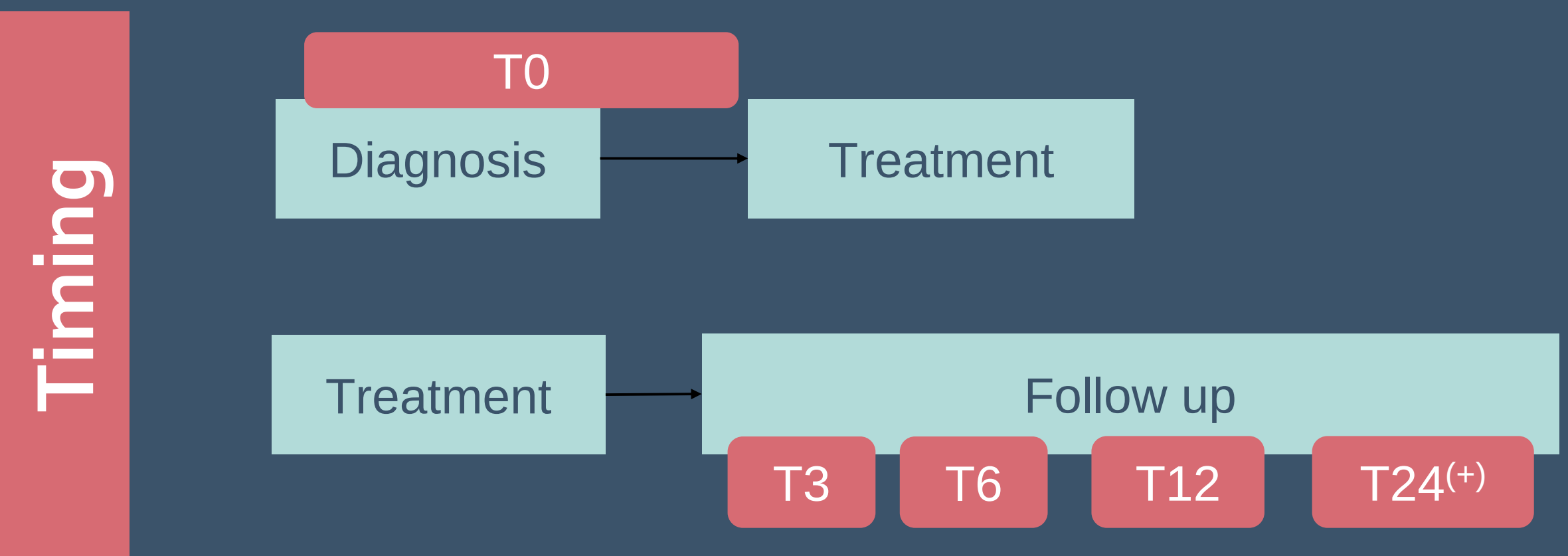
Although survival rates after head and neck cancer (HNC) have improved, patients' psychosocial and functional outcomes are inevitably affected by their disease and treatment. These consequences can be measured through patient-reported outcome measures (PROMs). Current PROMs had methodologic and content deficiencies with an underrepresentation of the changes in appearance, which led to the development of the FACE-Q HNC Module. After translation into Dutch and cognitive debriefing with patients (*Figure 1*), we investigate the content and known groups validity of the FACE-Q and convergent validity with the EORTC-QLQ-H&N35.

Methods

A cross-sectional multicenter study started in five Dutch HNC centers. Patients diagnosed with and/or curatively treated for HNC within the past three years were included.

The PROMs (FACE-Q and EORTC) are simultaneously offered to patients before treatment (T₀) or during the first three years of follow up (~ T₃, T₆, T₁₂, T₂₄ or T₂₄₊, see *Timing*).

The COSMIN tool is used for assessment of FACE-Qs' validity and the EORTC-H&N35 for convergence. Data collection is carried out through Redcap ©.



Response rates AvL-NKI

Due to the COVID-19 pandemic, only three centers actively started with patient inclusions (two since October 2020, and one since February 2021). Within the AvL-NKI, 236 patients are included in total (*Figure 2*), with a response rate of 81%. Among the included patients, 18% were pre-treatment (T₀).

The distribution of follow up patients seems sufficient for subgroup analysis, though the T₆ group is underrepresented.

The two other collecting centers have included 52 and 75 patients and the remaining two centers start mid June 2021.



Conclusion

Despite delay in inclusion and the observed drop in HNC incidence during COVID, subgroup analysis seem feasible within the follow up moments and the PROM response rates are high.