Oral

2025年9月28日(日) 16:30 ~ 17:45 Session Room 8 (Meeting Room 1)

Oral 19

[O-19-05] Global Quality of Life as a Dynamic Predictor of Survival in Lung Cancer Patients Across Systemic Therapies

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This study evaluated the prognostic significance of global quality of life (QoL) in lung cancer patients undergoing systemic therapies, including targeted therapy (N=205), immunotherapy (N=318), and combination therapy (combine chemotherapy, targeted or immunotherapy) (N=339). Using both baseline and time-varying Cox proportional hazards models, we examined how patient-reported QoL, assessed via the EORTC QLQ-C30, relates to overall survival (OS) in each treatment subgroup.At baseline, higher self-reported QoL was significantly associated with longer survival across all treatment modalities. In the targeted therapy group, each 1-point increase in baseline global QoL was associated with a 21% reduction in the hazard of death. In the immunotherapy and combination groups, baseline QoL was similarly predictive, with hazard reductions of 16% (HR = 0.84, p = 0.0019) and 14% (HR = 0.860, p = 0.0076), respectively.Time-varying Cox models further confirmed that QoL measured at multiple time points dynamically predicted survival outcomes. For patients on targeted therapy, each 1-point increase in QoL was associated with a 7.5% reduced hazard of death (HR = 0.925, p = 0.021). In immunotherapy and combination groups, these reductions were 8.5% (HR = 0.915, p= 0.00035) and 9.4% (HR = 0.906, p < 0.001), respectively. These associations remained statistically significant and clinically meaningful across all groups.In conclusion, global QoL is a consistent and dynamic predictor of survival in lung cancer patients, regardless of treatment modality. These findings support the routine integration of QoL assessments in both clinical trials and real-world settings to inform prognosis and guide supportive care strategies.