



ASO Author Reflections: What is the Quality of Reporting Patient-Reported Outcome Measures in Locally Recurrent Rectal Cancer?

Niamh Aine McKigney, MBBS, MRCS¹ , Fergus Houston, MBBS, MRCS²,
Ellen Ross, MBChB, PG Dip ClinEd, MRCS(Ed)³, Galina Velikova, BMBS, RCP, PhD^{4,5},
Julia M. Brown, BSc, MSc¹, and Deena P. Harji, MBChB, PhD, FRCS^{1,6}

¹Clinical Trials Research Unit, Leeds Institute of Clinical Trials Research, University of Leeds, Leeds, UK; ²Princess Alexandra Hospital, Brisbane, Australia; ³Inverclyde Royal Hospital, Greenock, Scotland, UK; ⁴Leeds Institute of Medical Research at St James's, University of Leeds, Leeds, UK; ⁵St. James's Institute of Oncology, St. James's University Hospital, Leeds, UK; ⁶Department of Colorectal Surgery, Manchester University NHS Foundation Trust, Manchester, UK

PAST

There is increasing interest in assessing patient-reported outcomes, such as health-related quality of life, in locally recurrent rectal cancer (LRRC). Emphasising the importance of patient-centred outcome reporting to guide decision-making in this cohort of patients. This can only be achieved with the availability of high-quality patient-reported outcome data. Previous reviews have highlighted several limitations regarding studies reporting patient-reported outcomes in LRRC, including variability in the patient-reported outcome measures (PROMs) being used, and in the timing of PROM assessments, with the evidence being low in quality overall.^{1–4} PROMs reported in LRRC have not previously been assessed against the CONsensus-based Standards for the selection of health Measurement INSTRUMENTS (COSMIN) Risk of Bias checklist.⁵

PRESENT

This systematic review focused on assessing the methodological quality of studies reporting PROMs in LRRC to identify the PROMs being used and to assess their psychometric properties using the COSMIN Risk of Bias checklist.⁶

The results identified several issues related to the quality of reporting of PROMs in LRRC, most importantly that none of the PROMs currently being used to report outcomes in LRRC have been validated for use in this group of patients. Methods for handling missing PROM data and defining the patient-reported outcome of interest are also poorly reported. However, the person completing the PROM and method of data collection, and conclusions and discussion of the clinical relevance of the patient-reported outcome data, were well reported.

FUTURE

The lack of disease-specific PROMs which have been validated for use in LRRC, is the most important issue to address to improve the quality of reporting PROMs in LRRC. Several approaches could be employed, including developing new disease-specific PROMs for patients with LRRC or undertaking content validity studies of the PROMs which are currently being used in LRRC.

DISCLOSURES Prof. Galina Velikova, Pfizer—consultancy fees, institutional grant, Eisai—consultancy fee, Roche—consultancy fee, Novartis—presentation at regional meeting (ended 30.3.22), Astra Zeneca—interview, Sanofi Advisory Board—past (1512.21), Seattle Genetics Advisory Board—past (1.2.21), Prof. Julia Brown, Pelican Cancer Foundation and Bowel Research UK.

OPEN ACCESS This article is licensed under a Creative Commons Attribution 4.0 International License, which permits use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons licence, and indicate if changes

© The Author(s) 2023

First Received: 30 March 2023

Accepted: 3 April 2023

Published online: 21 April 2023

N. A. McKigney, MBBS, MRCS
e-mail: N.McKigney1@leeds.ac.uk

were made. The images or other third party material in this article are included in the article's Creative Commons licence, unless indicated otherwise in a credit line to the material. If material is not included in the article's Creative Commons licence and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder. To view a copy of this licence, visit <http://creativecommons.org/licenses/by/4.0/>.

REFERENCES

1. Thaysen HV, Jess P, Laurberg S. Health-related quality of life after surgery for primary advanced rectal cancer and recurrent rectal cancer: a review. *Colorectal Dis.* 2012;14:797–803.
2. Glyn T, Frizelle F. Quality of life outcomes in patients undergoing surgery for locally recurrent rectal cancer. *Sem Colon Rectal Surg.* 2020;31(3):100767.
3. Harji DP, Griffiths B, Velikova G, Sagar PM, Brown J. Systematic review of health-related quality of life issues in locally recurrent rectal cancer. *J Surg Oncol.* 2015;111:431–8.
4. Denys A, van Nieuwenhove Y, Van de putte D, et al. Patient-reported outcomes after pelvic exenteration for colorectal cancer: a systematic review. *Colorectal Dis.* 2021;24(4):353–68.
5. Mokkink LB, de Vet HCW, Prinsen CAC, et al. COSMIN risk of bias checklist for systematic reviews of patient-reported outcome measures. *Qual Life Res.* 2018;27(5):1171–9.
6. McKigney N, Houston F, Ross E, Velikova G, Brown J, Harji D. Systematic review of patient-reported outcome measures in locally recurrent rectal cancer. *Ann Surg Oncol.* 2023. <https://doi.org/10.1245/s10434-023-13388-5>.

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.