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POS0291

THE IMPACT OF DRUG INDUCED AND OTHER RHEUMATIC MUSCULOSKELETAL DISORDERS (MD) ON THE QUALITY OF LIFE (QOL) OF CANCER PATIENTS RECEIVED ANTICANCER DRUG TREATMENT

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Background: Pts with cancer may have MD that can be caused by neoplastic/paraneoplastic disease, rheumatic diseases or be induced by anticancer drug treatment. There is no data about MD influence on the QoL of cancer patients. The EORTC QoL questionnaire (QLQ)-C30 is a valid questionnaire designed to assess different aspects (Global health (GH), Functional (FS) and symptoms (SS) scales) that define the QoL of cancer patients [1].

Objectives: The objective of the study was to assess the impact of drug induced and other types of MD on the QoL of cancer patients that received anticancer drug treatment by using of EORTC QLQ-C30 v3.0.

Methods: The sampling of 123 pts (M/F – 40/83; mean age 54.4±12.8) with breast (32.5%), gastrointestinal (17%), ovary (8%), lung (7%) and other cancer was observed by rheumatologist in the oncology outpatient clinic. All pts received anticancer drug treatment: chemotherapy (104 pts), target therapy (16 pts) checkpoint-inhibitors (14 pts), hormone therapy (13 pts) in different combinations. 102(82.9%) of 123pts had MD include arthritis (12 pts), synovitis (5 pts), arthralgia (66 pts), periarthritis (34 pts), osteodynia (13 pts). There were 58 pts (group 1; M/F – 14/44; mean age 52.5±12.2) with anticancer drug treatment induced MD and 44 pts (group 2; M/F – 16/27; mean age 57.6±13.5) with other type of MD include 26 pts with skeletal metastasis. The were 21 pts (group 3; M/F – 10/11; mean age 52.9±11.1) without MD. All pts fulfilled EORTC QLQ-C30 v3.0 (tab.1).

Table 1. The median [Q1;Q3] of results of GH, SS and FS of EORTC QLQ-C30

Scale	Subscale	Group1	Group2	Group3
GH		58.3[50;58]	58.3[41.7;83.3]	50[50;66.7]
FS*	Physical functioning	73.3[60;86.7]	73.3[66.7;86.7]	86.7[80;93]
	Role functioning	66.7[66.7;100]	83.3[50;100]	100[83;100]
	Emotional functioning	83.3[66.7;100]	75[66.7;91.7]	91.6[83.3;100]
	Social functioning	83.3[66.7;100]	83.3[50;100]	100[83.3;100]
SS*	Pain	33.3[0;50]	16.7[0;33.3]	0[0;16.7]

*There are only the scores that had got a statistical difference between the groups.

Kruskal-Wallis H and post-hoc (Dwass-Steel-Critchlow-Fligner (DSCF) pairwise comparisons) tests for data analysis were performed.

Results: A Kruskal-Wallis H test has shown a statistically significant difference in physical ($\chi^2(2)=7.54$; $p=0.023$), role ($\chi^2(2)=9.87$; $p=0.007$), emotion ($\chi^2(2)=7.69$; $p=0.021$) functioning and pain ($\chi^2(2)=8.44$; $p=0.015$) scores between the different groups. A post-hoc test with DSCF pairwise comparisons of median has shown a statistically significant difference between 1 and 3 groups ($W=3.904$; $p=0.016$) for physical functioning, between 2 and 3 groups ($W=3.35$; $p=0.004$) for role functioning, between 2 and 3 groups ($W=4.03$; $p=0.012$) for emotional functioning, between 1 and 3 groups ($W=3.97$; $p=0.014$) for pain scale.

Conclusion: The study has shown that MD associated with anticancer drug treatment adversely affected the QoL of cancer patients received anticancer drug treatment by reducing a physical functioning and by increasing pain scores. Presence of other types of MD adversely affect the QoL by reducing emotional and role functioning.

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POS0292

OSTEOPOROSIS IN BREAST CANCER PATIENTS ON AROMATASE INHIBITORS THERAPY: ABOUT 200 CASES

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Background: Breast cancer is the most common cancer affecting women both before and after the menopause. Aromatase inhibitors (AIs) used as adjuvant therapy cause bone loss and increase the risk of osteoporosis (OP) (1).

Objectives: To assess the bone status and the frequency of OP in breast cancer patients using AIs.

Methods: We conducted a retrospective study in the rheumatology department, over 5 years (2016-2020).

Inclusion criteria: patients followed for breast neoplasm in oncology department on Als therapy and referred to rheumatology department for bone evaluation.

All of these patients underwent an evaluation of bone mineral density (BMD) and phosphocalcic assessment.

Exclusion criteria: patients treated by another type of hormone therapy and having other risk factors for OP.

Results: 200 breast cancer women were enrolled for the study, 92 patients (46%) were treated with AIs, the average age was 58.22 years (41 - 75 years) with an average age of discovery of the breast cancer of 46.75 years and the average time between the start of Als therapy and the diagnosis of OP was 21.6 months. the characteristics of the patients are summed up in Table 1. 97% of patients were postmenopausal and 38% of them had menopause secondary to treatment.

In Als users, 85 patients (92.3%) were osteoporotic, and 11% had bone fractures. In regard to osteodensitometry measurement, lumbar spine was the most affected site (88%) with mean T score of -2.98 and mean BMD of 0.854, followed by femoral neck (17%) with mean T score of -2.8 and mean BMD of 0.740 and total hip (14%) with mean T score of -3.10 and mean BMD of 0.497.

The cancer was metastatic in 15.18% patients, 75% of the group had bone metastasis and 25% had visceral metastasis.

The phosphocalcic status of the osteoporotic patients was: mean calcemia: 92.83 mg / l, mean calciuria: 131.8 mg / 24h, mean phosphatemia: 48.09 mg / l, mean 25 OH Vit D level: 19.78 ng / ml, mean PTH: 79 pg / ml.

Osteoporotic patients were treated with bisphosphonates, 60% women had received Alendronate, 17% Risedronate and 12% Zoledronate in addition to dietary measures and correction of calcium and vitamin D deficiency.

Conclusion: AIs are correlated with a high risk of OP and fractures in 30% of patients (2), the frequency of OP in our series is estimated at 42.5%.

Assessment of bone status and OP clinical risk factors should be systematic in all breast cancer patients receiving adjuvant Als therapy.

Bisphosphonates appear to be beneficial in treating secondary OP, in preventing bone fractures, and in reducing the incidence of breast cancer bone metastases.

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Table 1. Characteristics of osteoporotic patients using Als therapy

	Results
Total of patients	92 (46%)
Mean age	58.22 years
Mean age of breast cancer diagnosis	46.75 years
Delay between Als therapy and OP	21.6 months
Post menopausal patients	97%
Menopausis due to Als	38%
Osteoporotic patients	85 (92.3%)
Fractures	11%
Sites of OP in osteodensitometry	
lumbar spine	88%
femoral neck	17%
total hip	14%
Cancer metastasis	15.18%
Bone	75%
Visceral	25%
Phosphocalcic status (mean values)	
calcemia	92.83 mg / l
calciuria	131.8 mg / 24h
phosphatémie	48.09 mg / l
25 OH vitaminD	19.78 ng / ml
PTH	79 pg / ml
Biphosphonates therapy	
Alendronate	60%
Risedronate	17%
Zoledronate	12%

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