

FURLONG study: reply on the patient reported outcome measures and thresholds

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Dear Editor,

We came across the publication entitled "Patient-reported outcomes for the phase 3 FURLONG study of furmonertinib versus gefitinib as first-line therapy for Chinese patients with locally advanced or metastatic EGFR mutation-positive non-small cell lung cancer".¹ We would like to commend the authors for incorporating patient reported outcomes (PROs) in the evaluation of the treatment efficacy of furmonertinib. PROs and health-related quality of life assessments play an important role in the comprehensive evaluation of the impact of cancer treatments on the patient-reported experience, which will ultimately provide better informed shared-decision making between clinicians and their patients, and across different stakeholders.

However, we would like to address one issue that was discussed in the study's limitations. The authors suggest that the EORTC Quality of Life Questionnaires, QLQ-C30 and QLQ-LC13, lack flexibility and fail to capture all potential symptoms and side effects in the context of novel therapies. We agree with the authors on this thoughtful comment. These were also the reasons behind the recent update of the QLQ-LC13 to the QLQ-LC29, the inclusion of the EORTC item library in the EORTC QoL measurement strategy, and the update of MIDAs based on more recent evidence on what is a clinically meaningful threshold.

First, the QLQ-LC13 was recently updated to the QLQ-LC29, and this version includes symptoms associated with targeted therapies, such as skin problems.² Second, the EORTC Item Library is now available for use which offers additional flexibility by providing access to a wide array of questions (items), allowing users to create item lists tailored to specific trial settings to capture a broader range of symptomatic adverse events that may be missing from fixed questionnaires.³

Finally, more recent publications provide updated, cancer-type-specific clinically meaningful thresholds. For instance, Coons et al. (2022) offer individual-level thresholds for the QLQ-LC13, while Musoro et al. (2023) present group-level thresholds for the QLQ-C30, along with general guidance on selecting appropriate thresholds.^{4,5}

We feel that it may not be necessary to develop a new PRO instrument. More developments are underway and we welcome collaborations to ensure that the EORTC measures continue to assess the relevant QoL issues of cancer patients. We hope that these updates to the EORTC QoL measurement strategy will enable users to design HRQoL endpoints that better address the needs of their individual clinical trials.

Declaration of interests

None.

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