Commentary: A Universal PROM

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Central Message: Patient-reported outcome measures (PROMs) have been integrated across many medical disciplines. There is currently no PROM that addresses all esophageal diseases. The CEQ aim to address this need.

Central Picture Legend: Stephanie G. Worrell and Hope Conrad

Patient-reported outcome measures (PROMs) have been utilized across many disciplines, including esophageal surgery. In cases of malignancy, treatment options are limited due to aggressive disease and risk of progression. However, in benign esophageal disease, treatment can often be performed electively based on patient symptoms. PROMs provide a method to objectively define patient-reported factors (i.e. symptoms, quality of life) that can aid in clinical decision making. They can also be utilized as a research tool by allowing for correlation with treatment outcomes, which could further elucidate information regarding best practices.1 Specific PROMs have been developed for esophageal cancer, paraesophageal hernia, achalasia and more, but no universal PROM exists to evaluate both malignant and benign esophageal diseases.2–5 Sudarshan et al. aimed to address this deficiency by developing a PROM that assesses all diagnoses of the esophagus: the Cleveland Clinic Esophageal Questionnaire (CEQ).9

The CEQ is comprised of 34 items that interrogate 6 domains of disease: dysphagia, eating, pain, reflux & regurgitation, dyspepsia, and dumping. Within these domains are associated symptoms, of which patients are asked to rate from 1 (“not at all”) to 5 (“a lot”). These domains are further investigated by including a “bother” question to determine the patient’s perceived
impact of each symptom on their quality of life. The completed questionnaire gives the provider a snapshot of their patients’ symptoms at the current moment as well as a method to track patients’ symptoms over time.

While PROMs show great promise in guiding clinical decision making, determining the validity of such systems have been challenging. Different guidelines and reporting measures have been developed to assess the validity of PROMS.6,7 Reliability and validity were demonstrated using the well-established Consensus-based Standards for the Selection of Health Measurement Instruments (COSMIN) and other various statistical analyses using subgroup analysis.8 Minimal Clinically Important Difference (MCID) was exceeded in all domains except dumping, demonstrating that the survey proves to be clinically meaningful. The authors even note that they have used the CEQ in their own practice for 2 years, supporting the clinical applicability.

The authors considered accessibility as a priority when developing the CEQ regarding both patient and provider. The assessment is succinct, able to be completed within 5 minutes, and is written at a third-grade reading level. These factors address the shortcomings of other PROMs that may limit their usage in clinical practice, as overly lengthy or complex questionnaires may cause patients to forego them either out of preference or capability. The straightforward CEQ results give providers a score that is easily interpretable. However, as a limitation, the CEQ truly exists as an organ-specific assessment and does not take into account factors such as psychological wellbeing, requiring additional surveys should those assessments be desired.

The development of the CEQ provides a practical method of measuring patient outcomes and is certainly promising on what it offers in regard to accessibility and practicality. While
initial studies demonstrate reasonable support of validity, continued research is needed to further
determine the best role of CEQ scores on clinical application.

References

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