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Quality of Life after Sacral Tumor Resection

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Background: En bloc resection remains the treatment of choice for most primary malignant tumors of the sacrum. However, the quality of life following resection of the sacrum is not well-documented in the literature. With the emergence of numerous validated Health-Related Quality of Life survey tools, the study of sacrectomies can be expanded to include the post-operative quality of life for patients.

Methods: Sacral tumor patients of the Stephen L. Harris Center for Chordoma Care were mailed surveys to complete post-operatively addressing general health, pain, bowel function, bladder function, and sexual function. The survey responses were collected and scaled on a scale from 0-100% of the best possible score, where 100% is the highest score available for a patient to indicate favorable quality of life.

Results: A total of 24 patients (13 males, 11 females, average age of 57 years and an age range of 29-76) seen at the Stephen L. Harris Center for Chordoma Care, who have been previously treated surgically with a coronal resection for a sacral tumor were included in the analysis. We collected data on the level of coronal resection cut for each patient. The HRQL scores, which were compiled for each patient-reported outcome category, showed to varying degrees a decrease in the quality of life with the increase in the number of levels involved in the resection. The linear regression for general health and pain, showed the best linear correlations.

Conclusions: Because of the limited number of patients in our data set our conclusions cannot be state with statistical significance, yet general trends can be elucidated from the data. HRQL for each of the categories general health, pain intensity and interference, bowel function, bladder function, and sexual function decreased as the levels involved in the coronal resection increased. The general trend is similar to that inferred from the accepted literature where higher sacral level involvement is associated with a decrease in patient functional outcomes. The most prominent limitation of this study is the small sample size, though data continues to be collected to improve the trend analysis.

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