

The European Organisation for Research and Treatment of Cancer provides over 15 questionnaires, or *modules*. The core module is the QLQ-C30 Core questionnaire. Specialty modules are also available, but when these are administered, the core module must also be used. The specialty modules include: Lung, Breast, Head and Neck, Ovarian, Oesophageal, Gastric, Cervix, Multiple Myeloma, Oesophago-Gastric, Prostate, Colorectal Liver Metastases, Colorectal and Brain Modules.

FACIT.org (27) provides a large number of questionnaires on chronic diseases, including cancer in general (FACT-G), specific types of cancer, such as FACT-B for breast cancer, FACT-Br for brain cancer, and FACT-C for colorectal cancer, as well as for multiple sclerosis and human immunodeficiency virus (HIV). FACIT means, Functional Assessment of Chronic Illness Therapy. The FACIT.org website provides literature references that document the use and validation of some of these questionnaires. FACIT questionnaires can be administered by self-report or interview (face to face or telephone) (28).

## b. Symptoms and functioning

Within the endpoint of HRQoL, one finds the two groups, namely, symptoms and functioning. Buchanan et al. (29) defined these as follows. *Symptoms* refers to subjective evidence of disease and how the patient feels, for example pain, fatigue, nausea, or depression. Symptoms can be classed as physical or mental. Symptoms are not the same thing as signs. Signs, such as temperature, blood pressure, or tumor size and number, are objective.

Hoffman et al. (30) report that fatigue is one of the most common symptoms of cancer, that it can result from the cancer, where it may occur in nearly half of patients at the time of diagnosis, and that it can result from the anti-cancer therapy. Moreover, these authors reported that fatigue can have downstream consequences on emotional symptoms, for example a loss of emotional control, feelings of isolation and solitude, and feelings of dejection. According to Ryan et al. (31) cancer-related fatigue is frequently reported as the most distressing symptom associated with cancer and its treatment, even more so than pain, nausea, or vomiting.

<sup>27</sup> FACT.org, 381 South Cottage Hill Ave., Elmhurst, Illinois.

<sup>28</sup> Webster K, Cella D, Yost K. The Functional Assessment of Chronic Illness Therapy (FACIT) Measurement System: properties, applications, and interpretation. *Health Qual Life Outcomes*. 2003;1:79.

<sup>29</sup> Buchanan DR, O'Mara AM, Kelaghan JW, Sgambati M, McCaskill-Stevens W, Minasian L. Challenges and recommendations for advancing the state-of-the-science of quality of life assessment in symptom management trials. *Cancer*. 2007;110:1621–1628.

<sup>30</sup> Hofman M, Ryan JL, Figueroa-Moseley CD, Jean-Pierre P, Morrow GR. Cancer-related fatigue: the scale of the problem. *Oncologist*. 2007;12(suppl 1):4–10.

<sup>31</sup> Ryan JL, Carroll JK, Ryan EP, Mustian KM, Fiscella K, Morrow GR. Mechanisms of cancer-related fatigue. *Oncologist*. 2007;12(suppl 1):22–34.