References


EORTC QLQ-C30

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Synonyms

European Organization for Research and Treatment of Cancer core quality of life questionnaire

Definition

The European Organization for Research and Treatment of Cancer core quality of life questionnaire, the EORTC QLQ-C30, is a cancer-specific quality of life instrument applicable to a broad range of cancer patients. The EORTC QLQ-C30 is designed to assess health-related quality of life of cancer patients participating in international oncology clinical trials. The instrument has been developed according to the so-called modular approach, where a generic or “core” instrument is combined with a specific questionnaire, so-called modules, assessing in more detail topics of relevance to specific cancer patient subgroups. The combination of a core instrument and a module allows for a sufficient degree of generalizability (via the core instrument) and specificity (via the module) (Aaronson et al., 1996; Bottomley & Aaronson, 2007; Velikova et al., 2012).

Description

The EORTC QLQ-C30 assesses health-related quality of life and symptoms and was designed to be (1) cancer specific, (2) multidimensional in structure, (3) appropriate for self-administration (i.e., brief and easy to complete), and (4) applicable across a range of cultural settings (Aaronson et al., 1993). The EORTC QLQ-C30 consists of 30 items that are combined to form five functional scales
(physical, role, cognitive, emotional, and social), three symptom scales (fatigue, pain, and nausea and vomiting), a global health status/quality of life scale, and a number of single items assessing additional symptoms commonly reported by cancer patients (dyspnea, loss of appetite, insomnia, constipation, and diarrhea) and perceived financial impact of the disease. The scales comprise between two and five items each. All items have four response categories (not at all, a little, quite a bit, and very much), except for the two items of the global health status/quality of life scale that use a seven-point scale. The raw scores are linearly transformed to scores that range from 0 to 100, with a higher score representing a higher (“better”) level of functioning or a higher (“worse”) level of symptoms.

Since its general release in 1993, there have been four versions of the EORTC QLQ-C30. The QLQ-C30 Version 3.0 is the most recent version and is used for all new studies.

Additionally, the QLQ-C15-PAL is available, which is an abbreviated 15-item version of the QLQ-C30 developed for use in palliative care (Groenvold et al., 2006). The QLQ-C15-PAL includes those elements of the QLQ-C30 that have been found to be most relevant and important for palliative care, i.e., physical and emotional functioning, pain, fatigue, nausea/vomiting, appetite, dyspnea, constipation, sleeping difficulties, and overall quality of life.

To date, a computer-adaptive testing (CAT) version of QLQ-C30 as well electronic administrations of EORTC QLQ-C30 (Computer-based Health Evaluation System (CHES)) are under development, enabling individual and routine assessment of quality of life.

Key documents supporting the application of the EORTC measurement system in clinical trials and other studies are available. For example, manuals including the scoring algorithm (Fayers et al., 2001) and reference values according to cancer site and stage and other clinical parameters (Scott et al., 2008) are available. Moreover, guidelines for questionnaire module development (Johnson et al., 2011), translation (Dewolf et al., 2009), and how to conduct clinical trial-based HRQOL investigations (Young et al., 1999) are documented. These documents are regularly updated and can be downloaded from http://groups.eortc.be/qol.

**Discussion**

The EORTC QLQ-C30 is one of the most widely used instruments designed to assess the quality of life of cancer patients (Garratt, Schmidt, Mackintosh, & Fitzpatrick, 2002). To date, the EORTC QLQ-C30 has been translated into and linguistically validated in more than 60 languages, with more than 20 additional local adaptations. The questionnaire is available in all major Western languages and many African and Asian languages. Further translations are in progress.

The QLQ-C30 can be supplemented by disease-specific modules. Over 40 modules are available or underway. The QLQ-C30 is a copyrighted instrument and is distributed from the EORTC Quality of Life Department. Academic use of EORTC instruments is free of charge. Further information can be obtained via the website: http://groups.eortc.be/qol/.

**Cross-References**

- EORTC QLQ-C30 and the Supportive Care Needs Survey

**References**


EORTC QLQ-C30 and the Supportive Care Needs Survey

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**Definition**

The European Organization for Research and Treatment of Cancer Quality of Life Questionnaire Core 30 (EORTC QLQ-C30) is a general cancer questionnaire that serves as the core measure of the EORTC’s modular approach to the assessment of health-related quality of life in cancer patients (Aaronson et al., 1993). It assesses five function domains (physical, role, emotional, social, and cognitive), eight symptoms (nausea/vomiting, appetite loss, insomnia, dyspnea, fatigue, pain, constipation, diarrhea), plus financial impact and global health/quality of life. For most items, the recall period is the past week, and patients report using a 4-point scale: not at all, a little, quite a bit, and very much. All domains are transformed to a 0–100 scale, with higher scores indicating more of what is being measured (i.e., higher scores are better for function domains but worse for symptom domains). The QLQ-C30 questionnaire can be used in conjunction with disease- or condition-specific modules that include content relevant to particular subsets of cancer patients.

The Supportive Care Needs Survey (SCNS) is also a general cancer measure, but it focuses on the level of unmet need patients have with issues of functioning and well-being related to cancer (Bonevski et al., 2000; Sanson-Fisher et al., 2000). It assesses needs related to physical and daily living, psychological, sexual, patient care and support, and health system and information over the past month. The response options are five categories: not applicable, satisfied, low need, moderate need, and high need, with the latter three categories indicating some level of unmet need. The short-form version of the questionnaire is 34 items.