Systematic review recommends the European Organization for 1 Research and Treatment of Cancer colorectal cancer-specific 2 module for measuring quality of life in colorectal cancer patients 3 4 Correspondence Author: 5 Name: Carlos King Ho Wong, PhD, MPhil, BSc 6 7 Institution: Department of Family Medicine and Primary Care, The University of Hong Kong Address: 3/F, Ap Lei Chau Clinic, 161 Ap Lei Chau Main Street, Ap Lei Chau, Hong Kong 8 9 Contact: +852-25185688 (tel); +852-28147475 (fax) carlosho@hku.hk (email) 10 Order of Author: Carlos K.H. Wong, PhD*1, Jing Chen, PhD2, Charlotte L.Y. Yu1, Mansy 11 Sham¹, Cindy L.K. Lam, MD¹ 12 * First and correspondence Author 13 ¹ Department of Family Medicine and Primary Care, The University of Hong Kong 14 ² School of Public Health, The University of Hong Kong 15 16 17 18

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26	Abstract
27	Objective : To critically appraise the measurement properties of standardized health-related
28	quality of life (HRQOL) instruments for colorectal cancer (CRC) patients, and to provide
29	recommendations on the choice of HRQOL instruments.
30	Study Design and Setting: Systematic review of English-language literature published
31	between January 1985 and May 2014 identified through a database search of Pubmed, Web
32	of Science, Embase, and OVID Medline. HRQOL instruments were rated on methodological
33	quality and overall levels of evidence using a COSMIN checklist.
34	Results : Internal consistency and hypothesis testing were evaluated most frequently in 63
35	studies identified. The Functional Assessment of Cancer Therapy-Colorectal (FACT-C) was
36	the most extensively evaluated. The highest number of positive ratings in the overall level of
37	evidence was found in the colorectal cancer-specific quality of life questionnaire module
38	(QLQ-CR38) in European Organization for Research and Treatment of Cancer (EORTC)
39	module, followed by the Memorial Sloan Kettering Cancer Center (MSKCC) Bowel
40	instrument, FACT-C and Quick-FLIC. The EORTC QLQ-CR38 had the most positive ratings
41	on measurement property and was recommended.
42	Conclusion: The EORTC QLQ-CR38 was recommended to assess HRQOL in patients with
43	CRC, regardless of disease stage and primary tumour site.
44	Running Title: Recommendation for HRQOL Instruments in CRC
45	Keywords : systematic review; colorectal cancer; quality of life, measurement property,

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psychometrics; COSMIN

49 **Abbreviations**: CRC=colorectal cancer; HRQOL=health-related quality of life; 50 MESH=Medical Subject Heading; COSMIN=Consensus-based Standards for the selection of 51 health Measurement Instruments; PRISMA=Preferred Reporting Items for Systematic Reviews and Meta-Analyses; ICC=intraclass correlation coefficient; EORTC=European 52 53 Organization for Research and Treatment of Cancer; QLQ=Quality-of-Life Questionnaire; FACIT=Functional Assessment of Chronic Illness Therapy; FACT-G=Functional 54 Assessment of Cancer Therapy-General; FACT-C=Functional Assessment of Cancer 55 Therapy-Colorectal; FCSI-9=Functional Assessment of Cancer Therapy Colorectal Symptom 56 57 Index; FACIT-F=Functional Assessment of Chronic Illness Therapy-Fatigue; FLIC=Functional living index for cancer; GIQLI=Gastrointestinal Quality of Life Index; RSCL-M=Modified 58 59 Version of Rotterdam Symptom Checklist; MSAS-SF=Memorial Symptom Assessment Scale; CMSAS=Condensed MSAS; FIQL=Fecal Incontinence Quality of Life; mCOH-QOL-60 Ostomy=Modified City of Hope Ostomy questionnaire; SRQS=Social Relational Quality 61 Scale; MSKCC=Memorial Sloan Kettering Cancer Centre; CRO=Cancer Rehabilitation 62 Questionnaire; HLQ=Herdecke Quality of Life questionnaire; QLACS=Quality of Life in 63 Adult Cancer Survivors; MACFS= Modified Ambulatory Care Flow Sheet; Mini-MAC 64 Scale= Mini-Mental Adjustment to Cancer Scale; QLICP-GM=Quality of Life Instruments 65 66 for Cancer Patients-General Module; QLICP-GM=Quality of Life Instruments for Cancer Patients-General Module; QLICP-CR=Quality of Life Instruments for Cancer Patients-67 68 Colorectal Cancer; EQ-5D=EuroQol-5 dimension 69

71	What is new?
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73	Key finding:
74	- The EORTC QLQ-CR38 had the greatest number of positive ratings and the most
75	positive ratings on measurement property according to quality assessment criteria
76	- The EORTC QLQ-CR38 was recommended to measure HRQOL in patients with
77	CRC, regardless of disease stage and location of primary tumour site.
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79	What this adds to what was known:
80	- There is a shortage of a perfect methodological quality for measurement property of
81	HRQOL instrument used in CRC patients, despite large amount of instruments
82	available.
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84	What is the implication, what should change now:
85	- There is a need for an improvement in the reporting quality of measurement
86	properties in newly developed or translated instruments. Efforts on the universal
87	consensus on whether the measurement properties met the acceptable quality criteria
88	especially construct validity and responsiveness, should be commenced.
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Manuscript Text

Introduction

Colorectal cancer (CRC) is one of the major cancer deaths worldwide [1], being the third leading cause of cancer death in the US [2, 3] Previous studies suggested that there is an growing trend of colorectal cancer incidence rates in some economically developing countries that involves a rapid transition in dietary style and exercise patterns [2, 3]. Emerging medical treatment of CRC has contributed to the extension on prolonged survivals. In addition to disease survivals, health-related quality of life (HRQOL) is becoming standard outcome measurement of the impact of illness and treatment for CRC in clinical care and research. Among cancer survivors living with disease, certain aspects of HRQOL (i.e. physical, psychological, social, etc.) were challenged by the impairment in the ability to perform daily activities and the presentation of symptoms arising from disease and treatment[4]. The appropriate usage and adoption of instruments to evaluate HRQOL were considered important for the better assessment of rehabilitation needs and treatment benefits from the standpoint of patients, clinicians and health policy makers[5].

Classical literature of HRQOL has classified instruments [6, 7] into two major types: generic and condition-specific (or disease-specific) instruments. Generic instruments are designed for assessing HRQOL in a wide range of clinical settings and utilized in various areas of health conditions in a population. They allowed for cross-cultural and international comparisons of HRQOL from one population to another. Condition-specific instruments measure more aspects unique to the HRQOL in patients with specific condition, and have generally been reported to be more responsive than generic instruments [8]. Measurement

properties are important to support the evidence-based selection of the best instrument for a particular purpose or population, and quality assurance criteria[9] have been recommended by Scientific Advisory Committee of the Medical Outcomes Trust[10]. Comprehensive quality assessment of measurement properties for available HRQOL instruments is presented based on a wide range of cancer populations[11-13] but there is little evidence concerning HRQOL instruments in colorectal cancer (CRC) [14]. In spite of multiple instruments had developed for the measurement of HRQOL in patients with CRC, clinicians and researchers urged for the most recommended and appropriate HRQOL instruments under a comprehensive process of psychometric quality assessment. A recent literature review[15] across a wide range of HRQOL instruments administered in CRC patients, sourcing from Ovid searching engine and several key journals, recommended SF-12 for generic measure, EQ-5D for preference-based measure and European Organization for Research and Treatment of Cancer Core Quality-of-Life Questionnaire (QLQ-C30) and Functional Assessment of Cancer Therapy-Colorectal (FACT-C) for condition-specific measures. The aforementioned review was, however, limited by the inclusion of studies with English-speaking populations only. Papers concerning the target population of other language speakers were still relevant. Yet, no systematic review synthesized evidence on the critical appraisal of the measurement properties of generic and condition-specific HRQOL instruments that have been validated for use in patients with CRC. The aim of this paper was to conduct a systematic literature review on the measurement properties of standardized HRQOL instruments for CRC, providing recommendations on the HRQOL instrument through collective evidence from previous studies.

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Methods

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Literature Search Methods

Search Engines and Strategies

A series of systematic literature search was conducted in databases of PubMed, Web of Science using Web of Knowledge platform, Embase and MEDLINE using OVID searching platform, to identify studies that investigated the HRQOL of colorectal neoplasm patients. The Medical Subject Heading (MESH) 'quality of life' was combined with 'colon neoplasm', 'colon cancer', 'rectal cancer', 'rectal neoplasm' and 'colorectal cancer'. Studies were limited to English language, and the years between January 1985 and May 2014. The earliest year was chosen as 1985 because the conceptual framework of health-related quality of life emerged around mid of 1980s[16]. Systematic searches were conducted in May 2014 with electronic search strategies shown in Appendix 1. No additional hand search was done. After the initial check for duplicated articles, the abstracts of remaining articles were screened to rule out the introductories, editorials, letters, commentaries, study protocols, case reports, pure literature reviews and meta-analyses, conference 'proceedings, past and current clinical guidelines and recommendations that were not recognized as original articles. Articles were also excluded if no abstract available.

Inclusion and Exclusion Criteria

After the review of the full-text of screened articles, the eligibility criteria of studies were 1) to involve original articles 2) to use standardized HRQOL instruments with items rating on point Likert scales or on linear analogue scales, 3) to carry out in human subjects and 4) to evaluate the measurement properties of HRQOL instruments in a mixture of CRC

patients (i.e. CRC with other types of cancer). Articles without available full-text were excluded. Two reviewers (CW and JC) independently screened the eligibility criteria of study titles, abstracts, selected full-texts, and reference lists of the studies retrieved by the literature search. To standardize the appraisal criteria amongst reviewers, the methodological quality of the included studies was assessed using the Consensus-based Standards for the selection of health Measurement Instruments (COSMIN) checklist [14, 17, 18] which was previously adopted for the evaluation of oncological HRQOL instruments[11]. Assessment of the methodological quality per property was performed by two reviewers independently. Disagreements regarding the procedures of database search, study selection and eligibility were resolved by discussion.

Quality Criteria of Measurement Properties

According to the international consensus COSMIN taxonomy and definitions[17], the review evaluated nine measurement properties including: 1) internal consistency, 2) reliability, 3) measurement error, 4) content validity, 5) structural validity, 6) hypothesis testing, 7) cross-cultural validity, 8) criterion validity, and 9) responsiveness. The first three measurement properties are in the subset of reliability category, whereas the subsequent six measure properties are contained in the validity category. Internal consistency was supported if the Cronbach's alpha was equal to or greater than 0.70 and the factor analysis was conducted with adequate sample size for the support of unidimensionality of the scales. Reliability was supported if the test-retest reliability coefficient represented by intraclass correlation coefficient (ICC) and weighted kappa was equal to or greater than 0.70 between two administrations over short period of time among subjects with stable health condition.

Measurement error was considered adequate if the smallest detectable change was smaller than the minimal important change, or if the minimal important change reached the limits of agreement. Content validity was supported if the target population considers all items in the questionnaire to be relevant and the questionnaire to be complete. Structural validity was considered to be adequate if the factors explained at least 50% of the total variance. Hypothesis testing was assessed by testing a priori hypotheses specific to the expected correlations between scores representing similar concepts or expected differences in scores between known groups. Cross-cultural validity was supported if the original factor structure was confirmed or there was no important differential item functioning between language versions. Criterion validity was considered to be present if the gold standard for HRQOL measure existed as the full-length version and tested for the correlations with the shortened version of the instrument. Responsiveness was examined using different statistics to detect important changes over time.

Data Synthesis on Methodological Quality Evaluation

For each study, each measurement property was rated as 'adequate' (+, positive sign) or 'not adequate' (-, negative sign) if the quality criterion was met or was not met for each measurement property respectively. If the information given to the measurement property was unclear or ambiguous, it was rated as 'doubtful' (?). Given no information was found on that measurement property, zero (0) rating was assigned to that quality assessment. The measurement properties of HRQOL instruments were evaluated based on the explicit quality criteria proposed by Terwee et al.[9, 19]. A summary of the quality criteria for measurement properties of HRQOL instruments is presented in the Appendix 2.

Furthermore, the quality criteria of each measurement property were accompanied with the level of evidence scoring on a 4-point Likert scale in an ascending order of 'poor', 'fair', 'good' or 'excellent'. To consolidate the grading of measurement properties of multiple instruments, the overall rating for a measurement property was synthesized by taking the quality ratings of each measurement property, consistency of results between studies, and its evidence level for measurement properties. One of the five possible rating options representing 'unknown' (?), 'conflicting' (+/-), 'limited' (+ or -), 'moderate' (++ or --) or 'strong' (+++ or ---) were assigned if the measurement property of instrument was graded at least one. Rating summary of the overall levels of evidence for the quality of each measurement property is displayed in Appendix 3.

Results

Figure 1 shows the process of literature identification, screening for eligibility and selection of studies during the literature search presented in a Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) flow diagram [20]. The literature search was completed in June 2014 and identified a total of 7553 potentially relevant studies (PubMed: 1349; Web of Science: 2318; MEDLINE: 1735; Embase: 2151) that met the searching criteria in four bibliographic databases. After the removal of duplicated (n=3332) and non-original articles (n=1439) by abstract screening, the abstract content of 2782 studies were reviewed for eligibility. The full-text articles of all (n=65) eligible studies were reviewed. The earliest study that assessed measurement properties of HRQOL instruments relevant to CRC patients was published in 1993. We found 63 studies which investigated the measurement properties of HRQOL instruments in CRC patients or in a variety of cancer patients including CRC patients.

This review identified 3 generic and 34 condition-specific instruments: six instruments in EORTC module, seven instruments in FACIT module and 21 instruments in other modules. All identified instruments were evaluated by whether the psychometric properties met the quality criteria. The names of instruments in each module are shown in Table 1. The Functional Assessment of Cancer Therapy-Colorectal (FACT-C) was the most evaluated HRQOL instrument. The second most evaluated instrument was QLQ-CR38[21-27] which was evaluated by seven studies. General characteristics of the HRQOL instruments and the respective measurement properties evaluated are summarized in Appendix 4. Some of HRQOL instruments evaluated was designed for CRC patients exclusively (14/37, 37.8%) whereas a majority of them was designed for a wide range of cancer patients or patients with colostomy or ileostomy (23/37, 62.1%). The total number of items varied from five to 47 whilst the number of subscales or domains varied from one (unidimensional) to 12. The response options were predominantly a 4-point or 5-point Likert scale.

Characteristics of included instruments

Characteristics of the 63 studies included in this review were reported in Appendix 5. Forty-one studies were originated from countries located in North America and Europe [5, 7, 23-25, 27-54] and the rest of them were conducted in Asian countries. Most of the instruments were evaluated in the language versions of English, French and German. Four studies reported the measurement properties of instruments were translated to more than one language versions and evaluated in CRC patients recruited from the respective countries [33, 46, 50, 54].

Thirty-five studies focused on CRC patients solely, ranging from patients with liver metastatic CRC to patients undergoing surgery [21-27, 33-35, 39, 42, 45, 46, 50, 52, 54-62], 16 studies assessed patients with CRC and other diseases, including breast, ovarian or prostate cancer [28-30, 43, 44, 51, 59, 63-67]. The remaining nine studies were mostly targeted at patients suffering from rectal cancer, ostomy or unspecified or mixed types of cancer [7, 31, 36-38, 40, 41, 47, 49, 53, 68-71].

The stage of diseases was also different in the selected studies. Twenty-five of the studies included patients from stage one to four according to American Joint Committee on Cancer classification system[23, 24, 27, 28, 30, 32-34, 42, 44, 45, 51, 52, 54, 55, 57, 58, 65-67] and patients in these studies were largely over 60 years old.

Methodological Quality of Each Study

Each eligible study was assessed on nine measurement properties based on the aforementioned criteria on a 4-point Likert Scale, ranging from 'excellent' to 'poor'. Details of the measurement properties of each study are summarized in Table 2. The three most frequently reported properties were hypothesis testing (58 studies reported), structural validity (56 studies reported) and internal consistency (49 studies reported), whilst measurement error (1 study reported), criterion validity (8 studies reported) and cross-cultural validity (11 studies reported) were the three least addressed ones. The best performed area was content validity with 10 out of 12 articles reported achieved excellent quality. However,

more than half of the articles reported internal consistency (55.1%), structural validity (64.3%), cross-cultural validity (72.7%) and criterion validity (62.5%) were found to have poor methodological quality.

Overall quality of measurement properties

Table 3 summarizes the overall levels of evidence per measurement property and HRQOL instrument. None of the HRQOL instruments has been evaluated and rated on all the nine measurement properties recommended by the quality assessment criteria. Most of the instruments provided information on internal consistency, structural validity, and hypothesis testing. Measurement error, cross-cultural validity, and criterion validity were only assessed in a minority of instruments as limited information was found in these studies. Two instruments, QLQ-CR38 [21-27] and FACT-C [23, 27, 33, 34, 55, 59-61] were the most evaluated instruments with each of them had eight reviewed measurement properties. Among all the assessed items, FACT-G (Version 2) [7], FACT-G (Version 3) [29] and mCOH-QOL-Ostomy [37-39] were the instruments scored limited to strong positive evidence on all their measured properties without any negative or uncertain rating. Seven evaluated instruments were found to have at least one negative rating in any one of their reviewed measurement properties (Version 3 of QLQ-C30 [27, 29, 30, 65, 66], Coping with CRC [58], Quality-Quantity Questionnaire [43], Mini-MAC Scale [49], SF-12 (Version 2) [60], EQ-5D [72] and SF-6D [73]).

Internal Consistency

306	Thirty-one instruments were assessed on this property. QLQ-C30 (Version 3)[27, 29,
307	30, 65, 66], FACT-G (Version 3) [5, 29], Quick-FLIC[63] and Modified FIQL [70] were
308	rated as strong positive and none of the instruments were rated negative.
309	Reliability
310	Seventeen instruments were assessed on this property where seven were rated as
311	limited positive (Version 3 of QLQ-C30 [5, 27, 30, 65, 66], Version 2 of FACT-G [7],
312	Version 4 of FACT-G [23, 27, 69], FACT-C [23, 27, 33, 34, 55, 59-61], QLICP-GM [67],
313	QLICP-CR [62] and MSKCC Bowel Function [40, 41]). Quick-FLIC [63] was the only
314	instrument that was rated as strong positive by the criteria.
315	Measurement Error
316	Only one instrument (FACT-C) [23, 27, 33, 34, 55, 59-61] was assessed on this
317	property and rated as limited positive.
318	Content Validity
319	Twelve instruments were assessed on this property and ten of them (QLQ-CR38 [21-
320	27], QLQ-LMC21 [46, 50], QLQ-SWB36[53], Version 2 of FACT-G [32], FACT-C [23, 27,
321	33, 34, 55, 59-61], QLICP-GM [67], mCOH-QOL-Ostomy [37-39], MSKCC Bowel
322	Function[40, 41], Coping with CRC [58], QLACS [44]) were rated as strong positive. Two
323	instruments (CRQ [42] and QLICP-CR [62]) were rated as unknown.
324	Structural Validity
325	Thirty-two instruments were assessed on this property but only nine were rated as
326	limited to moderate positive (QLQ-CR38 [21-27], Version 2[32] and Version 3[29] of

FACT-G, mCOH-QOL-Ostomy [37-39], SRQS [57], MSKCC Bowel Function [40, 41],

328 Coping with CRC [58], HLQ [51], QLACS [44]). The rest of them were rated as unknown, and one item (Quality-Quantity Questionnaire [43]) was rated as limited negative. 329 **Hypothesis Testing** 330 Thirty-two instruments were rated on this property with eleven rated as strong 331 positive (Version 1 of QLQ-C30 [28, 64], Version 3 of QLQ-C30 [5, 27, 30, 65, 66], QLQ-332 333 CR38 [21-27], QLQ-LMC21 [46, 50], Version 4 of FACT-G [23, 27, 69], FACT-C [23, 27, 334 33, 34, 55, 59-61], FCSI-9 [35], FACIT-F [68], QLICP-CR [62], MSKCC Bowel 335 Function[40, 41] and EQ-5D [72]). 336 Cross-cultural validity All ratings given to the nine instruments which were assessed on this property 337 (Version 3 of QLQ-C30 [27, 29, 30, 65, 66], QLQ-SWB36 [53], QLQ-CR38 [21-27], QLQ-338 339 CR29 [31, 54], FACT-C [23, 27, 33, 34, 55, 59-61], MSAS-SF [56], CMSAS [56], SRQS 340 [57], MSKCC Bowel Function [40, 41]) were unknown as inadequate information was 341 provided by these studies. Criterion Validity 342 Eight instruments were assessed on this property with only two instruments, OLO-343 LMC21 [46, 50] and FACT-G7 [71] were rated as moderate positive. The rest of them were 344 rated as unknown due to unclear methodological quality. 345 Responsiveness 346 347 Fourteen instruments were assessed on this property and only one instrument was rated strong positive (FCSI-9 [35]), whilst three instruments were rated as moderate positive

(QLQ-CR38 [21-27], FACT-G (Version 4) [23, 27, 69] and FACT-C [23, 27, 33, 34, 55, 59-

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61]) and other three moderate negative (Version 3 of QLQ-C30 [5, 27, 30, 65, 66], SF-12 (Version 2) [60] and SF-6D [73]).

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Discussions

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This systematic review evaluated the measurement properties of 37 standardized HRQOL instruments used in CRC patients among 63 eligible studies identified in the full-text assessment stage. None of the instruments were adequately evaluated for all nine measurement properties recommended by COSMIN[17]. Compared to other instruments, EORTC QLQ-CR38 and FACT-C were more comprehensively evaluated as each of them obtained eight ratings in all of the nine measurement properties. Moreover, the number of positive sign as an indication of satisfactory performance of measurement property was obtained to compare the overall performance of the 37 instruments. QLQ-CR38 in EORTC module received the highest number ('+': 14) of positive signs among all the instruments, followed by MSKCC Bowel Function ('+': 11), FACT-C ('+': 10) and Quick-FLIC ('+': 10). MSKCC bowel function was limited for the designed for the measurement of HRQOL in rectal cancer. While the QLQ-CR38 and FACT-C were the most assessed instruments in our review, QLQ-CR38 seized more positive ratings and had a better rating in internal consistency and structural validity than the FACT-C. Therefore, current review suggested that OLO-CR38 was the most comprehensive and positive rated instrument in this review, with positive ratings in internal consistency, reliability, content validity, structural validity, hypothesis testing and responsiveness. Despite the QLQ-CR38 was not assessed on measurement error and rated unknown on both cross-cultural validity and criterion validity, these three properties were either not evaluated or rated as unknown for other instruments. Aside from the highest number of positive sign, the measurement properties of QLQ-CR38

were evaluated by seven studies, greater than two studies for MSKCC bowel function instrument and one study for Quick-FLIC. Though FACT-G (Version 2) was rated as positive on the same properties rated for the QLQ-CR38, the ratings were generally poorer than those for the latter. The QLQ-CR38 was therefore recommended regardless of disease stage and location of primary tumour site because of its positive performance on most of the assessed properties.

In line with another structured review evaluated for CRC patients in the UK[15], the measurement properties of generic instruments among CRC patients was identified in current systematic review. The methodological evaluation of that structured review[15] recommended the use of two generic instruments, EQ-5D and SF-12, and two condition-specific instruments, QLQ-C30 and FACT-C, based on eight categories of appraisal criteria that were used in earlier studies[13]. Unlike current systematic review, not all studies selected in previous review were aimed and dedicated to demonstrate the measurement properties of HRQOL instruments. It was worthwhile noting that the study selection criteria and the appraisal criteria in current review differed from with that in previous review. For instance, in case of methodological quality of responsiveness property of HRQOL instruments, COSMIN checklist focused on the detailed description of gold standard or comparator instrument that indicated the responsiveness property whereas the appraisal criteria applied in previous review focused on the statistically significant changes in HRQOL scores over time.

The EORTC and FACIT groups of instruments shared the same evolvement of a few versions through long-lasting transitions and variations in the item wordings, item responses, scale structure, and scoring algorithm. In EORTC modules based on their group website, the

QLQ-CR38 and version 1 of QLQ-C30 was superseded by the shortened QLQ-CR29 and version 3 of OLO-C30, respectively. The OLO-CR38 and version 3 of OLO-C30 were rated better HRQOL instrument than the QLQ-CR29 and superseded version of QLQ-C30, possibly due to the substantive amount of measurement property evaluation for QLQ-CR38 and version 3 of QLQ-C30 over the past two decades. Nevertheless, the currently available version of QLQ-CR29 was not rated more adequate than QLQ-CR38, in part explained by the fact that the first publication year of latter one was in 1999, at least one decade earlier than the end of search date in current review. Possible explanation was likely to be extrapolated to the FACIT modules, in the situation when the version 2 and 3 of FACT-G were superseded by its version 4 which was firstly introduced in year 2003[74]. The instruments deserved significant advantages on their overall levels of evidence when the instruments have been developed at least ten years up to the search date in current review. Among the 39 eligible studies, the HRQOL instruments developed by EORTC and FACIT modules were directly compared and contrasted in three studies in France [23, 27, 29]. Aside from the one study [27] limited by small sample size (n<30), the rest of them reported the acceptability and preference of instruments in two groups in addition to the measurement properties of instruments. CRC patients elicited patient preference for core HRQOL instruments of two modules, and preferred the QLQ-C30 over the FACT-G and FLIC instruments in part reflecting their response burden and completion time (7.9 vs 10.2 vs 8.4 minutes, respectively)[29]. Likewise, in light of comparing the patient preference for the QLQ-CR38 and FACT-C instruments, no preference difference between QLQ-C30 in supplement with QLQ-CR38 and FACT-C was observed[23].

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It is noteworthy to point out that included studies of measurement property evaluation had two major shortcomings of quality criteria reporting. Firstly, the CRQ and Quality-

Quantity Questionnaire [42, 43] did not present a priori hypothesis for testing the construct validity although construct validity has been introduced in the included studies. Secondly, data on responsiveness were lacking. Out of 22 studies that had investigated responsiveness, seven studies were rated as 'poor' in methodological quality of responsiveness property [21, 45, 46, 54, 62, 66, 67] in part due to the controversy over whether the mean change exceeded the minimum clinically important difference or discriminated between groups defined by anchor using area under the curve. Besides, the methodological quality were rated as 'poor' in the evaluation of properties of internal consistency, structural validity and cross-cultural validity with a lack of details on the factor analysis or item response theory test employed. Further studies investigating measurement properties of instruments are necessary to adequately report clear priori hypothesis for construct validity and statistics for responsiveness. Standard reporting of factor analysis is also recommended to provide comprehensive information for researchers to review the reliability and validity of the instruments.

Limitations

A plausible limitation of this review aroused from the process of literature search and selection of studies. Abstracts from conference were also precluded in this review which implies that not all the CRC studies that had used HRQOL were included. Besides, several instruments (e.g. FCSI-9 [35]) were only used in one or a few studies, which may not be supportive enough to provide reliable evidence to the instruments being evaluated. Further studies are recommended to ensure the evidence comparing different HRQOL instruments is the most updated and comprehensive. The second limitation is inadequate coverage of measurement properties suggested by COSMIN checklist. Other uncovered measurement

criteria, including floor/ceiling effects, predictive validity, and interpretability were useful in assessing the HRQOL of CRC patients. Alternative checklists for general cancer patients[12, 13, 15] were helpful to provide evidence of quality criteria in HRQOL instruments. However, the adoption of COSMIN checklist, the standardized and structured guideline, would facilitate a head-to-head comparison in the measurement properties evidence of HRQOL instruments between CRC patients and other disease populations. Last but not least, some of the studies[28-30, 32, 36-38, 44, 51, 64-67, 69] involved in this systematic review were based on patients with mixed types of cancer, but not limited to CRC only. Studies that involved CRC patients also did not report sufficient measurement properties. In Nicholas et al.'s study [42], the level of evidence for nine measurement properties was unknown due to flaw methodological quality and the lack in reporting. This may confound the results of this review that targeted on evaluating HRQOL of CRC patients.

Conclusions

This systematic review draws out an attention to the shortage of a perfect methodological quality for measurement property of HRQOL instrument used in CRC patients, despite large amount of instruments available. There is a need for an improvement in the reporting quality of measurement properties in newly developed or translated instruments. Efforts on the universal consensus on whether the measurement properties met the acceptable quality criteria, especially construct validity and responsiveness, should be commenced. Concerning our review of HRQOL instruments, the EORTC QLQ-CR38 had the greatest number of positive ratings according to quality assessment criteria. Concerning with the number of measurement properties with positive ratings, the EORTC QLQ-CR38 was

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Running Title: Recommendation for HRQOL Instruments in CRC

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Table 1. Names of each evaluated HRQOL instrument

694

Abbreviation	Full name
EORTC	
QLQ-C30	Core Quality-of-Life Questionnaire
QLQ-CR38	Colorectal Cancer-specific Quality-of-Life Questionnaire Module
QLQ-CR29	Colorectal Cancer-specific Quality-of-Life Questionnaire Module
QLQ-LMC21	Liver Metastases from Colorectal Cancer-specific Quality-of-Life
	Questionnaire Module
QLQ-SWB36	Spiritual Wellbeing-specific Quality-of-Life Questionnaire Module
FACIT	
FACT-G	Functional Assessment of Cancer Therapy-General
FACT-C	Functional Assessment of Cancer Therapy-Colorectal
FCSI-9	Functional Assessment of Cancer Therapy Colorectal Symptom Index
FACT-G7	Rapid Version of the Functional Assessment of Cancer Therapy-General
FACIT-F	Functional Assessment of Chronic Illness Therapy-Fatigue
FLIC	Functional living index for cancer
Quick-FLIC	Quick-Functional living index for cancer
RSCL-M	Modified Version of Rotterdam Symptom Checklist
QLICP-GM	Quality of Life Instruments for Cancer Patients-General Module
QLICP-CR	Quality of Life Instruments for Cancer Patients-Colorectal Cancer
GIQLI	Gastrointestinal Quality of Life Index
MSAS-SF	Memorial Symptom Assessment Scale-Short Form
CMSAS	Condensed Memorial Symptom Assessment Scale
Modified FIQL	Modified Fecal Incontinence Quality of Life
mCOH-QOL-Ostomy	Modified City of Hope Ostomy questionnaire
SRQS	Social Relational Quality Scale
MSKCC Bowel	Memorial Sloan Kettering Cancer Centre Bowel Function
Function	
CRQ	Cancer Rehabilitation Questionnaire
Coping with CRC	Coping with Colorectal Cancer
Quality-Quantity	Quality-Quantity Questionnaire
Questionnaire	
HLQ	Herdecke Quality of Life Questionnaire
QLACS	Quality of Life in Adult Cancer Survivors
Body-image Scale	Body-image Scale
Stoma Care QoL scale	Stoma Care Quality of life Scale
MACFS	Modified Ambulatory Care Flow Sheet
Mini-MAC Scale	Mini-Mental Adjustment to Cancer Scale
Generic	
EQ-5D	EuroQol-5 dimension
SF-12 (Version 2)	Version 2 of the 12-Item Short Form Health Survey
SF-6D	6-Item Short Form Health Survey
Generic EQ-5D SF-12 (Version 2)	EuroQol-5 dimension Version 2 of the 12-Item Short Form Health Survey

Note:

695 EORTC=European Organization for Research and Treatment of Cancer; FACIT=Functional

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Table 2. Methodological Quality of Each Study per Measurement Property and HRQOL Instrument

	Measurement Properties										
Instrument/Reference	Internal Consistency	Reliability	Measurement error	Content validity	Structural validity	Hypothesis testing	Cross-cultural validity	Criterion validity	Responsiveness		
EORTC											
QLQ-C30 (Version 1)											
[64]					Poor	Good					
[28]	Poor				Poor	Excellent					
QLQ-C30 (Version 3)											
[29]	Poor				Poor	Good					
[65]	Poor				Poor	Good					
[66]	Excellent	Fair			Excellent	Excellent	Poor	Poor	Poor		
[30]	Good				Good	Poor			Good		
[27]		Fair			Poor	Poor			Fair		
QLQ-CR38											
[24]	Poor	Poor		Excellent	Poor	Good			Good		
[23]	Poor	Fair			Poor	Excellent					
[22]	Poor				Poor	Fair					
[26]	Poor	Good			Poor	Fair	Poor		Fair		
[27]		Fair			Poor	Poor			Fair		
[25]	Poor				Poor	Excellent					
[21]	Good	Fair			Good	Excellent		Poor	Poor		
QLQ-CR29											
[54]	Poor	Good			Poor	Good	Poor		Poor		
[31]	Poor				Poor	Good	Poor				
QLQ-SWB36											
[53]				Excellent			Poor				
QLQ-LMC21											
[50]				Excellent	Poor						

				Meas	surement Prope	erties			
	Internal		Measurement	Content	Structural	Hypothesis	Cross-cultural	Criterion	
Instrument/Reference	Consistency	Reliability	error	validity	validity	testing	validity	validity	Responsiveness
[46]	Poor				Poor	Excellent		Good	Poor
FACIT									
FACT-G (Version 2)									
[32]	Fair	Fair		Excellent	Good	Fair			Fair
FACT-G (Version 3)									
[29]	Excellent				Good	Good			
FACT-G (Version 4)									
[23]	Poor	Fair			Poor	Excellent			
[69]	Poor	Fair			Poor	Good			Good
[27]		Fair			Poor	Poor			Fair
FACT-C									
[33]	Poor			Excellent	Poor	Good	Poor		Good
[34]	Poor		Fair			Good			
[55]	Poor				Poor	Excellent	Fair		
[23]	Poor	Fair			Poor	Excellent			
[27]		Fair			Poor	Poor			Fair
[59]	Poor	Fair			Poor	Excellent			
[60]									Good
[61]					Excellent	Excellent			
FCSI-9									
[35]	Poor	Good			Poor	Excellent			Excellent
FACT-G7									
[71]	Poor				Poor	Fair		Good	
FACIT-F									
[68]	Poor				Poor	Excellent			
Other Condition-specifi FLIC	c								

				Meas	surement Prope	erties			_
	Internal		Measurement	Content	Structural	Hypothesis	Cross-cultural	Criterion	
Instrument/Reference	Consistency	Reliability	error	validity	validity	testing	validity	validity	Responsiveness
[64]	Poor				Poor	Good			
[29]	Poor				Poor	Good			
Quick-FLIC									
[63]	Excellent	Excellent			Poor	Good			Good
RSCL-M									
[36]	Fair				Fair	Fair			
QLICP-GM									
[67]	Fair	Fair		Excellent	Fair	Fair		Poor	Poor
QLICP-CR									
[62]	Poor	Fair		Poor	Poor	Excellent		Poor	Poor
GIQLI									
[52]					Poor	Fair			
MSAS-SF									
[56]	Poor				Poor	Fair	Poor		
CMSAS									
[56]	Poor				Poor	Fair	Poor		
Modified FIQL									
[70]	Excellent				Excellent	Fair			
mCOH-QOL-Ostomy									
[37]	Fair			Excellent	Fair	Fair			
[38]	Fair				Poor	Fair			
[39]	Fair				Poor	Fair			
SRQS									
[57]	Good				Good	Good	Fair		
Stoma Care QoL Scale									
[47]	Good				Excellent	Fair			
MACFS									

				Meas	surement Prope	erties			
	Internal		Measurement	Content	Structural	Hypothesis	Cross-cultural	Criterion	
Instrument/Reference	Consistency	Reliability	error	validity	validity	testing	validity	validity	Responsiveness
[48]						Fair			
Mini-MAC Scale									
[49]	Fair	Fair			Good	Fair			
MSKCC Bowel Function	on								
[40]	Good	Poor		Excellent	Good	Excellent			
[41]	Good	Fair			Good	Excellent	Fair		
CRQ									
[42]	Poor	Poor		Poor	Poor	Fair			
Coping with CRC									
[58]	Fair	Fair		Excellent	Fair	Fair		Poor	
Quality-Quantity Quest	ionnaire								
[43]	Fair				Fair	Fair			
HLQ									
[51]	Fair	Poor			Fair	Fair			
QLACS									
[44]	Fair			Excellent	Fair	Fair		Fair	
Body-image Scale									
[45]	Fair	Poor			Fair	Fair			Poor
Generic									
SF-12 (Version 2)									
[60]									Good
EQ-5D									
[72]		Fair				Excellent			
SF-6D									
[73]									Good

Note: Rating of methodological quality according to 4-point Likert scale: Excellent, Good, Fair or Poor.

Table 3. Overall Levels of Evidence per Measurement Property and HRQOL Instrument

				M	easurement Pr	operties				
Instrument	Internal Consistency	Reliability	Measurement error	Content validity	Structural validity	Hypothesis testing	Cross-cultural validity	Criterion validity	Responsiveness	Reference
EORTC†										
QLQ-C30 (Version 1)	?				?	+++				[28, 64]
QLQ-C30 (Version 3)	+++	+			?	+++	?	?		[27, 30, 65, 66]
QLQ-CR38	++	++		+++	++	+++	?	?	++	[22-27]
QLQ-CR29	?	++			?	++	?		?	[31, 54]
QLQ-SWB36				+++			?			[53]
QLQ-LMC21 FACIT	?			+++	?	+++		++	?	[<u>46</u> , <u>50</u>]
FACT-G (Version 2)	+	+		+++	++	+			+	[32]
FACT-G (Version 3)	+++				++	++				[29]
FACT-G (Version 4)	?	+			?	+++			++	[23, 27, 69]
FACT-C	?	+	+	+++	?	+++	?		++	[23, 27, 33, 34, 55, 59-61]
FCSI-9	?	++			?	+++			+++	[35]
FACT-G7	?				?	+		++		[71]
FACIT-F	?				?	+++				[68]
Other Condition-specific	2									
FLIC	?				?	++				[64]
Quick-FLIC	+++	+++			?	++			++	[63]
RSCL-M	+				?	+				[36]
QLICP-GM	+	+		+++	?	+		?	?	[67]
QLICP-CR	?	+		?	?	+++		?	?	[62]

		Measurement Properties											
Instrument	Internal Consistency	Reliability	Measurement error	Content validity	Structural validity	Hypothesis testing	Cross-cultural validity	Criterion validity	Responsiveness	Reference			
GIQLI	•	•		•	?	+	•	•	•	[52]			
MSAS-SF	?				?	+	?			[56]			
CMSAS	?				?	+	?			[56]			
Modified FIQL	+++				?	+				[70]			
mCOH-QOL-Ostomy	+			+++	+	+				[37-39]			
SRQS	++				++	++	?			[57]			
Stoma Care QoL scale	++				?	+				[47]			
MACFS						+				[48]			
Mini-MAC Scale	+	-				+				[49]			
MSKCC Bowel	++	+		+++	++	++	?			[40, 41]			
Function													
CRQ	?	?		?	?	?				[42]			
Coping with CRC	+	-		+++	+	+		?		[58]			
Quality-Quantity Questionnaire	+				-	?				[43]			
HLQ	+	?			+	+				[51]			
QLACS	+			+++	+	+		?		[44]			
Body-image Scale	+	?			?	+			?	[45]			
Generic													
SF-12 (Version 2)										[60]			
EQ-5D		-				+++				[72]			
SF-6D										[73]			

Note:

Overall levels of evidence: +++/---, strong evidence positive/negative result; ++/--, moderate evidence positive/negative result; +/--, limited evidence positive/negative result; ?, unknown due to poor methodological quality.

Figure 1. PRISMA Flow Diagram of the literature search and selection process

