

## PREDICTORS OF POSTTRANSPLANT QOL: A FOLLOW-UP REPORT FROM THE PATIENT OUTCOMES REGISTRY FOR TRANSPLANT EFFECTS ON LIFE (PORTEL)

Donna Hathaway, PhD, Rebecca Winsett, PhD, University of Memphis, Memphis, TN; Mary Prendergast, MBA, Fujisawa Healthcare, Inc., Deerfield, IL; Indu Subaiya, MD and Kuo Tong, MS, Quorum Consulting, Inc., San Francisco, CA.

**Purpose:** To evaluate predictors of posttransplant quality of life (QOL) using data from the Patient Outcomes Registry for Transplant Effects on Life (PORTEL), a nationwide, longitudinal profile of transplant patients.

**Methods.** Data were gathered directly from patient self-reports of major health and life events, social factors, immunosuppressant side effects and QOL. Side effects were assessed by the Memphis Survey yielding emotional, life/role, mobility, gastrointestinal distress and miscellaneous subscale scores. QOL was assessed by the SF-12, yielding Mental Component Summary (MCS) and Physical Component Summary (PCS) scores. Multiple regression modeling was conducted to determine predictors of SF-12 MCS and PCS scores. All survey variables including demographics, transplant variables, clinical outcomes, immunosuppressive regimen, and side effect profile were independently entered into the model in a stepwise fashion. The dependent variables were MCS and PCS scores.

**Results:** Data from 722 patients with registry baseline data were analyzed. The sample had an average age of 50 years, 52% were male, 82% Caucasian, 7% African American, and 5% Hispanic. Patients with lower mental QOL scores reported more trouble with emotional burden, were living alone, had an income of less than \$10,000, had limited social support and were younger than the average patient in the sample (R-square = 0.59). The strongest predictors of physical QOL were problems with mobility and life/role responsibilities and work status (R-square = 0.62). Although emotional burden did emerge as a variable in the model, it did not have a strong correlation with physical QOL. Tacrolimus-based regimens were associated with less severity of problems in the mobility and life/role domains.

**Conclusion:** Posttransplant QOL is affected by a wide range of demographic and clinical factors. Immunosuppressive regimen affects key predictor variables of physical QOL.