

Utilization of the Acronym ALBUMINS to Screen Gynecologic Cancer Survivors

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ABSTRACT

Numerous long-term effects can arise for gynecologic cancer survivors. In this article we recommend primary care providers use the acronym ALBUMINS as an easy way for nurse practitioners to remember to screen gynecologic cancer survivors for the most common long-term complications of anxiety, lymphedema, bowel issues, urinary issues, menopause, image (body), neuropathy, and sexual complications, all of which are related to gynecologic cancer and cancer treatment. Primary care providers are familiar with the word ALBUMINS and are likely to remember this acronym, which will prompt them to ask questions specific to screening for these long-term effects, leading to treatment, and ultimately improving quality of life.

Keywords: ALBUMINS, gynecological cancer, quality of life, screening, survivors

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In 2014, the American Cancer Society estimated that there were 14.5 million cancer survivors in the United States. Of these, there was estimated to be 1,141,084 gynecologic cancer survivors currently alive in the US. It was further estimated that there would be 12,900 new cases of cervical cancer, 54,870 new cases of endometrial cancer, 21,290 new cases of ovarian cancer, 5,150 new cases of vulvar cancer, and 4,070 new cases of vaginal cancer in the US in 2015.¹

There are numerous complications that can arise for gynecologic cancer patients. These complications can be related to the cancer or the cancer treatment. Treatment can include surgery, radiation therapy, or chemotherapy. All of these treatments have side effects that may affect the patient's quality of life. Some effects of the cancer or its treatment will manifest immediately, whereas others can take years to fully develop.

The purpose of this study is to bring to the attention of primary care nurse practitioners an easy way to remember the long-term complications related to the disease process and treatment of gynecologic cancer.

A thorough review of the literature resulted in the formulation of an acronym that can remind health care providers of what they should be looking for in patients who have survived gynecologic cancer. It is expected that if nurse practitioners are screening for these specific complications, more appropriate treatments and referrals would follow that may serve to improve the quality of life in this cohort of cancer survivors.

Gynecologic cancers are now being detected earlier and have better treatment outcomes. This has resulted in an increase in survivors. Gynecologic cancer patients will normally be followed for years by their oncologist, after which they will be under the sole care of their primary care provider, who is often a nurse practitioner. Therefore, it is important that the primary care provider knows what long-term complications to screen for to improve the patient's quality of life.²⁻⁵ For purposes of this study, long-term complications are complications that persist or arise after the completion of all cancer treatments. Studies have shown that even patients who are followed by an oncologist are sometimes never screened for complications related to the cancer itself, or treatments of the cancer.⁶⁻⁸ For example, Rutledge et al.⁸ examined gynecologic cancer survivors' sexual function and pelvic floor disorders and found that only 40% of cancer survivors

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in their study were asked by an oncologist if they had sexual dysfunction, fecal incontinence, or urinary incontinence. This leaves it up to the primary care provider to ensure that these patients are receiving proper care. However, research also shows that family practitioners do not adequately screen for or make appropriate referrals for gynecologic cancer survivors.^{2,8,9}

Evidence has shown that practitioners are not screening for long-term complications for numerous reasons, including time constraints for appointments, lack of knowledge of the long-term complications, lack of resources to address the complication, uncomfortable in discussing the topic, lack of experience addressing long-term complications, unsure of which provider should discuss long-term complications, and providers assuming patients would be more concerned about cancer recurrence and survival.^{7,10-12} The acronym ALBUMINS will assist nurse practitioners in assessing for the specific long-term complications related to gynecologic cancer and cancer treatment.

A literature review was conducted to determine what long-term complications have been reported by gynecologic cancer survivors. CINAHL, Ebsco, Annual Reviews, Science Direct, Medline, Academic Search Complete, and ProQuest Nursing and Allied Health Source were the databases accessed. Keywords, such as gynecologic cancer, survivors, and quality of life, were used.

There can be numerous types of long-term effects for gynecologic cancer survivors. Some of these long-term effects can be psychological and include anxiety, depression, fear of recurrence, poor body image, and loss of femininity. Other long-term effects may be physical and include lymphedema, bowel complications, urinary tract complications, urinary incontinence, fatigue, infertility, peripheral neuropathy, hearing changes, vaginal changes, menopausal symptoms, chronic pain, and cognitive changes.^{2-9,13-36} In this study we examine the long-term effects that were most common in the literature reviewed.

The A in ALBUMINS stands for anxiety, depression, and fear of recurrence. Anxiety, depression, and fear of recurrence has diminished quality of life in many gynecologic cancer survivors,^{6,13,14} even as long as 2-15 years after diagnosis.^{3,4,15} Only

1 study in the literature showed a decrease in anxiety after 2 years.¹⁶ Fear has been incorporated into survivors' lives. One participant commented, "Considerable fear exists about the future, including fear that cancer will return."^{13(p900)} There was also depression with fear of recurrence for many survivors. One participant commented, "I was taking medication for the depression. I got into a divorce and I was losing my job...I knew that my life was never going to be the same again. To me I feel a void...a fear."^{13(p900)}

The L in ALBUMINS stands for lymphedema. There are numerous gynecologic cancer survivors who have developed secondary lymphedema as a long-term effect from surgery and radiation.¹⁷⁻¹⁹ Studies have shown that survivors with lymphedema have a poorer quality of life,¹³ even 3-15 years out from diagnosis.^{4,20} Research shows that lower limb lymphedema in gynecologic cancer survivors tends to become worse as time goes on,^{4,15} with the exception of a 2014 study by Ferrandina et al.¹⁶ who found that lymphedema improved 6 months after diagnosis. The investigators attributed this to a change in surgical procedures and easier access to care. A participant diagnosed 11 years before the study remarked that the lymphedema in her legs is so severe, "that I can't just walk out the door and go and do my shopping...that's over."^{13(p901)}

The B in ALBUMINS stands for bowel complications. A significant amount of gynecologic cancer survivors have bowel complications related to their cancer treatment.^{5,8,18} These complications have been shown to last up to 15 years from the time of diagnosis⁴ and were shown to decrease the survivor's quality of life.^{13,21,22} In a study by Clemmens et al.,¹³ a patient stated "the radiation pretty much killed me...has ruined my life and still, it's 15 years later...it haunts me. It left me with chronic diarrhea and I live my life around my guts."^(p901) She goes on to say that she can only eat 1 meal a day and how she spends hours in the morning running back and forth to the toilet. Dunberger et al.²² reported that 50% of survivors with fecal incontinence said they had to always know the location of a bathroom in advance, 51% had to change pads a minimum of twice a day, and 60% stayed near a bathroom at all times. This study also indicated that only 51% of survivors with

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