



Review

A systematic review of the supportive care needs of women living with and beyond cervical cancer



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HIGHLIGHTS

- A predominant focus on sexuality/intimacy and information seeking needs is noted, despite a host of additional needs.
- Over-time variation of these needs throughout the cancer trajectory requires investigation.
- The effects of age, race/ethnicity, disease stage or treatment modality warrant future investigation.

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ABSTRACT

Background. Women with cervical cancer constitute a patient population in need for ongoing, person-centred supportive care. Our aim was to synthesise current available evidence with regard to the supportive care needs of women living with and beyond cervical cancer.

Methods. A systematic review was conducted according to the PRISMA Statement guidelines. Seven electronic databases (DARE, Cochrane, MEDLINE, CINAHL, BNI, PsychINFO and EMBASE) were searched to identify studies employing qualitative and/or quantitative methods. Pre-specified selection criteria were applied to all records published between 1990 and 2013. Methodological quality evaluation was conducted using the standardised QualSyst evaluation tool. Findings were integrated in a narrative synthesis.

Findings. Of 4936 references initially retrieved, 15 articles (13 unique studies) met eligibility criteria. One study fell below a pre-specified 55% threshold of methodological quality and was excluded. Individual needs were classified into ten domains of need. Interpersonal/intimacy (10; 83.3%), health system/information (8; 66.7%), psychological/emotional (7; 58.3%) and physical needs (6; 50%) were those most frequently explored. Spiritual/existential (1; 8.3%), family-related (2; 16.7%), practical (2; 16.7%), and daily living needs (2; 16.7%) were only rarely explored. Patient–clinician communication needs and social needs were addressed in 4 studies (33.3%). Dealing with fear of cancer recurrence, concerns about appearance/body image, lack of sexual desire, requiring more sexuality-related information, dealing with pain, and dealing with difficulties in relationship with partner were the most frequently cited individual needs (≥ 4 studies).

Conclusions. Despite a host of additional needs experienced by women with cervical cancer, a predominant focus on sexuality/intimacy and information seeking issues is noted. Study limitations preclude drawing conclusions as to how these needs evolve over time from diagnosis to treatment and subsequently to survivorship. Whether demographic or clinical variables such as age, race/ethnicity, disease stage or treatment modality play a moderating role, only remains to be answered in future studies.

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Introduction

Worldwide, cervical cancer is the most common type of gynaecological cancer, accounting for approximately 8% (527,624 cases in 2012) of all female malignancies, second only to breast and colorectal cancer [1]. The incidence of cervical cancer varies, with more than 85% of the global burden of the disease occurring in low-to-medium resource countries and the lowest incidence rates observed in high-resource countries following the introduction of screening programmes and timely access to treatment [2]. Despite recent advances in the identification and management of cervical cancer, Dizon et al. [2] argue that “much progress is still required to improve the outcomes for women diagnosed with invasive cervical cancer” (p. 2282). Whilst such statements are warranted, it may be argued that linked to advances in the medical management of cervical cancer is a need to address the supportive care needs (SCNs) of this patient group [3]. Indeed, the diagnosis of a potentially life-threatening disease, coupled with the effects of invasive and prolonged treatments, often results in a wide array of short- and long-term sequelae that are known to have a negative impact on patient outcomes [3].

Supportive care is a person-centred approach to “the provision of the necessary services for those living with or affected by cancer to meet their informational, emotional, spiritual, social, or physical needs during their diagnostic, treatment, or follow-up phases encompassing issues of health promotion and prevention, survivorship, palliation, and bereavement” [4–6]. SCNs have been defined as requirements for patient care that relate to the management of symptoms and side-effects, enablement of adaption and coping, optimisation of understanding and informed decision-making, and minimisation of functional deficits [7]. Identifying and addressing such needs can prevent patient distress, poor quality of life, and dissatisfaction with care [8], as well as resultant increases in health care utilisation and costs [9]. This

seems to be of particular importance for women with cervical cancer given that, compared to women with other gynaecological cancers, this patient group has been shown with worse emotional distress and quality of life [10]. Potential reasons may include their younger age, contextual or cultural barriers, or the need to undergo integrated therapies and aggressive surgical procedures [11,12]. Admittedly, research in this area is still in its infancy. Nevertheless, to improve the quality of care provided, it is paramount that women’s needs in the context of cervical cancer are clearly understood and steps to increase clinical knowledge and provide direction for future research are conceptualised.

The aim of this systematic literature review was to synthesise current available evidence with regard to the SCNs of women living with and beyond cervical cancer, driven by the following research questions:

- What is the current evidence with regard to the different domains of SCNs in women living with cervical cancer?
- What are the most frequently and what are the least frequently individual needs and domains of need addressed/reported in the current available literature?

Methods

This systematic review was conducted according to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines published in 2009 [13].

Search strategy

Seven electronic databases (DARE, Cochrane, MEDLINE, CINAHL, BNI, PsychINFO and EMBASE) were searched through a two-step systematic search strategy that was devised to identify studies employing qualitative and/or quantitative methods. A wide range of keywords

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