

Review

Systematic review of health-related quality of life in patients undergoing pelvic exenteration



D.P. Harji ^{a,d,*}, B. Griffiths ^a, G. Velikova ^{b,c}, P.M. Sagar ^a,
J. Brown ^d

^aThe John Goligher Department of Colorectal Surgery, St James's University Hospital, UK

^bLeeds Institute of Cancer and Oncology, University of Leeds, UK

^cSt James's Institute of Oncology, St James's University Hospital, UK

^dClinical Trials Research Unit, University of Leeds, UK

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Abstract

Background: Pelvic exenteration is a radical operative treatment reserved for the management of a number of advanced primary and recurrent pelvic malignancies, including, rectal, gynaecological and urological. The advances in radiological staging, surgical techniques and greater use of chemotherapeutic agents has translated clinically into improvements in the overall survival of this cohort of patients, irrespective of underlying disease pathology. Consequently, a greater proportion of the surviving population will present to healthcare professionals with a range of physical and psychological issues, therefore the profiling and understanding of the health-related quality of life (HrQoL) is integral to the long term management of this cohort of patients. The aim of this systematic review is to identify HrQoL themes from the current literature relevant to patients undergoing a pelvic exenteration.

Methods: Literature searches were performed in three databases: MEDLINE (1975–November 2015), EMBASE and CINAHL. Each study was evaluated with regards to its design and statistical methodology. Data quality was reviewed in accordance with the Newcastle-Ottawa score and Critical Appraisal Skills Programme Checklist (CAPS) for quantitative and qualitative data accordingly. A narrative synthesis of all identified HrQoL issues was undertaken using the principles of content analysis.

Results: A total of 24 studies were identified; 20 quantitative and 4 qualitative with 976 patients assessed in total. HrQoL was assessed as the main primary endpoint in 15 studies. The majority of studies were retrospective. Baseline data prior to the initiation of treatments were available in 6 studies alone. Nine themes were identified across the literature, which included body image, social impact, sexual function, treatment expectations, symptoms, communication, psychological impact, relationships and work and finance.

Conclusions: Pelvic exenteration has a wide ranging impact on patients HrQoL affecting a range of physical and psychological domains.
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Keywords: Pelvic exenteration; Quality of life; Health related quality of life

Background

Pelvic exenteration, whereby there is complete or partial removal of all of the pelvic viscera, vasculature, musculature and ligaments and part of the pelvic bony ring, is a radical operative procedure used to achieve cure in a

number of primary and recurrent pelvic malignancies, including, rectal, ovarian, vulval, cervical bladder and prostate cancer. PE can be divided into total pelvic exenteration or partial pelvic exenteration (PPE). TPE involves the removal of all the internal pelvic organs, which necessitates the construction of two stomas. PPE can be further subdivided into anterior or posterior exenteration; the uterus, adnexa and bladder are removed during anterior PE, while the uterus and rectum alone are removed during a posterior PE.

* Corresponding author. The John Goligher Department of Colorectal Surgery, St James's University Hospital, Beckett Street, Leeds, LS9 7TF, UK.

E-mail address: Deena_harji@hotmail.com (D.P. Harji).

The differing tumour biology between different pelvic malignancies requiring a pelvic exenteration is reflected in the survival outcomes observed, with 5 year survival of 46–66% in primary rectal cancer,^{1–4} 8–42% in locally recurrent rectal cancer^{4–7} and 45–56% in cervical cancer.^{4,8} However, it can be assumed the health-related quality of life (HrQoL) issues posed by undergoing this operative intervention are common to all groups of patients, irrespective of underlying disease pathology due to the impact of the operation itself.

Improvements in radiological staging leading to better patient selection, supplemented by advances in surgical technique, chemoradiotherapy agents and perioperative care have led to improved survival in patients undergoing PE. As a result of this improved survival, there will be a greater proportion of patients presenting post-operatively to health professionals with a range of physical and psychological issues, therefore the profiling and understanding of the health-related quality of life (HrQoL) is integral to the long term management of this cohort of patients.

Aim

The aim of this review was to undertake a comprehensive and systematic review of the current literature on HrQoL in patients undergoing a PE, to identify which are the key HRQoL issues in this population and which instruments were used.

Methodology

Search strategy

Literature searches were performed in three databases: MEDLINE (1975–November 2015), EMBASE and CINAHL. The searches were limited to the English language. The major subject heading, PE, was combined with ‘health-related quality of life’ or ‘quality of life’ or ‘questionnaires’ or ‘body image’ or ‘physical distress’ or ‘psychological distress’ or ‘physical function’ or ‘psychosexual’ or ‘questionnaires’.

Studies were included if they fulfilled the following criteria; they reported outcomes of patients undergoing PE, including symptom control, HrQoL outcomes and impact on function. Patients undergoing surgery and palliative treatments were included. Studies were excluded if PE HrQoL or functional outcomes were not measured. Case reports, reviews and letters were excluded.

Abstracts from studies retrieved were screened for relevance, studies that did not meet inclusion criteria at this stage were excluded. Studies assessed as potentially relevant, or where relevance was ambiguous, were obtained in full, for further scrutiny.

Data extraction was conducted independently by two reviewers (D.H and B.G) into a pre-specified data sheet. Any discrepancies in data extraction were resolved through

discussion and consultation with one of the senior authors. The following information was extracted from each study; first author, year of publication, study population characteristics, number of patients, study design (prospective, retrospective, or other), HrQoL assessment tool used, median time interval between diagnosis/treatment and assessment, main findings and quality of study.

A quality analysis was undertaken of all published studies using the Newcastle-Ottawa Scale (NOS) for assessment of non-randomised studies for quantitative studies⁹ and the Critical Appraisal Skills Programme Checklist (CAPS) for qualitative data.^{10,11}

Using the principles of content analysis, a combined narrative synthesis of qualitative and quantitative research was undertaken. Common categories and themes were identified from the study findings. A category was determined by grouping similar findings reflecting similar underlying constructs. In turn categories were synthesised into themes, if they were sufficiently similar, this enabled the summary of all evidence for a particular domain.

Results

The search strategy identified a total of 262 references. Sixty-four duplicates and 173 inappropriate references were identified through examining the abstracts and were excluded (Fig. 1). The remaining 25 abstracts were retrieved for further evaluation, of which 24 were included in the review. One study was excluded for not reporting sufficient details regarding patient-reported outcomes. Four qualitative studies and 20 quantitative studies were identified. This identified a total of 976 patients who had undergone a PE for a variety of advanced pelvic malignancies. Five hundred and six (51.8%) patients underwent surgery for gynaecological cancer, 21 (2.1%) patients for colorectal cancer, 132 (13.5%) patients for LRRC, 15 patients for a primary rectal cancer or LRRC (1.5%), 206 (21.1%) for primary rectal cancer, 16 (1.6%) patients for urological cancer and 8 (0.8%) for anal cancer. The origin of the pelvic malignancy is unknown in 72 (7.3%) patients. A total of 214 (21.9%) men and 626 (64.1%) women participated in the studies, the gender of participants is unknown in 136 (13.9%). Overall median age at the time of completing questionnaires or participating interviews was 56 years.

Of the 24 studies identified, 4 were qualitative studies^{12–16} and 20 were quantitative studies.^{17–35} Study design included 14 retrospective cohort studies, 2 retrospective case-control study, 7 prospective longitudinal studies and 1 prospective cohort study. A summary of the main points of each study are highlighted in Table 1, with quality analysis of all studies outlined in Table 2. Overall, the quality of the qualitative studies included in this review were of good quality with 50–90% compliance with the CASP checklist. The quality of the quantitative studies was variable, with the majority of studies scoring over 4 on the NOS scoring system, six studies were identified to be of good

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