

Original Research

Cervical Cancer Survivorship: Long-term Quality of Life and Social Support

Krista S. Pfaendler, MD¹; Lari Wenzel, PhD^{2,3}; Mindy B. Mechanic, PhD⁴; and Kristine R. Penner, MD, MPH, MS¹

¹Division of Gynecologic Oncology, Department of Obstetrics and Gynecology, University of California at Irvine Medical Center, Orange, California; ²Program in Public Health, University of California, Irvine, Irvine, California; ³Department of Medicine and Program in Public Health, Chao Family Comprehensive Cancer Center, University of California, Irvine, Irvine, California; and ⁴Department of Psychology, California State University, Fullerton, Fullerton, California

ABSTRACT

Purpose: Surgery, radiotherapy, and chemotherapy are the mainstays of cervical cancer treatment. Many patients receive multiple treatment modalities, each with its own long-term effects. Given the high 5-year survival rate for cervical cancer patients, evaluation and improvement of long-term quality of life are essential.

Methods: Pertinent articles were identified through searches of PubMed for literature published from 1993 to 2014. We summarize quality of life data from long-term follow-up studies of cervical cancer patients. We additionally summarize small group interviews of Hispanic and non-Hispanic cervical cancer survivors regarding social support and coping.

Findings: Data are varied in terms of the long-term impact of treatment on quality of life, but consistent in suggesting that patients who receive radiotherapy as part of their treatment have the highest risk of increased long-term dysfunction of bladder and bowel, as well as sexual dysfunction and psychosocial consequences. Rigorous investigations regarding long-term consequences of treatment modalities are lacking.

Implications: Continued work to improve treatment outcomes and survival should also include a focus on reducing adverse long-term side effects.

Providing supportive care during treatment and evaluating the effects of supportive care can reduce the prevalence and magnitude of long-term sequelae of cervical cancer, which will in turn improve quality of life and quality of care. (*Clin Ther.* 2015;37:39–48) © 2015 Elsevier HS Journals, Inc. All rights reserved.

Key words: cervical cancer, long-term effects, quality of life, survivorship.

INTRODUCTION

As the fourth most common cancer among women, cervical cancer is diagnosed in 528,000 women annually and results in 266,000 deaths.¹ In the United States, 12,360 new diagnoses and 4,020 cervical cancer–related deaths are expected in 2014.² Thankfully, there continue to be improvements in outcomes from surgery, radiotherapy, and chemotherapy in terms of progression-free and overall survival.³ However, treatment-related effects, including urinary, gastrointestinal, sexual, and neurologic side effects, can disrupt long-term quality of life (QOL). Because treatment is curative for 85% to 90% of patients with stage I cervical cancer, it is important not to lose focus on the impact of long-term QOL and the interventions that can improve QOL. In addition, cervical

Accepted for publication November 25, 2014.
<http://dx.doi.org/10.1016/j.clinthera.2014.11.013>
0149-2918/\$ - see front matter

© 2015 Elsevier HS Journals, Inc. All rights reserved.



Scan the QR Code with your phone to obtain FREE ACCESS to the articles featured in the Clinical Therapeutics topical updates or text GS2C65 to 64842. To scan QR Codes your phone must have a QR Code reader installed.

cancer patients have been found to have worse QOL scores, not only when compared with the general population, but also when compared with other gynecologic cancer survivors.³

Presently, there are 245,022 cervical cancer survivors living in the United States, each with their own set of victories and challenges as they continue their lives without cancer.⁴ The goal of this article is to review the key literature regarding QOL among long-term cervical cancer survivors (at least 5 years); delineate the most common challenges to QOL; and identify, where available, both primary treatment modifications that improve long-term QOL and forms of treatment for the long-term sequelae that affect QOL.

METHODS

Relevant articles and abstracts published between 1993 and 2014 were identified through searches of PubMed using the following search terms: *cervical cancer, long-term effects, survivorship, quality of life, radiation proctitis, bladder dysfunction, bowel dysfunction, sexual dysfunction, lymphedema, and psychosocial support*. Data regarding QOL, social support, and coping were abstracted from a focus group of cervical cancer survivors. Themes emerging from group interviews were extracted from recorded interviews by 2 independent raters, who subsequently discussed ratings with a senior researcher to reach consensus.

Specific to the PubMed search, the majority of QOL studies utilize 1 of 2 validated questionnaires. The FACT-Cx (Functional Assessment of Cancer Therapy-Cervical) is a multidimensional, combined generic and disease-specific QOL questionnaire that includes the FACT-G (general) questionnaire (version 4), consisting of 4 subscales (ie, Physical, Social, Emotional, and Functional Well-Being) with an Additional Concerns subscale representing cervical cancer-specific concerns. The Additional Concerns subscale can be analyzed separately and summed with other subscales to produce the FACT-Cx score.

The European Organization for Research and Treatment of Cancer QOL core 30-item questionnaire (EORTC QLQ-C30) assesses global QOL in cancer patients. The 30 items in the EORTC QLQ-C30 cover 3 scales: Functioning (Physical, Role, Emotional, Cognitive, and Social), Symptom (Fatigue, Nausea and Vomiting, Pain), and Global Health and Quality of Life with remaining single items (dyspnea, insomnia, loss of appetite, diarrhea, constipation, and financial concerns)

that are commonly reported by cancer patients.⁵ The European Organization for Research and Treatment of Cancer QOL cervical cancer 24-item questionnaire (EORTC QLQ-CX24) is a module developed in a multicultural, multidisciplinary setting to specifically address QOL issues among cervical cancer patients and to be used as an adjunct to the EORTC QLQ-C30.⁶

Given the need for additional qualitative information and the significant relationship between social support and QOL, we conducted preliminary focus-group interviews of 8 cervical cancer survivors (Hispanic and non-Hispanic) to elucidate both global and culturally specific support-seeking and coping behaviors after cervical cancer treatment. Emerging themes were abstracted from recordings of the focus-group discussions by 2 independent raters. The ratings were discussed subsequently by the 2 raters with a senior researcher to reach consensus.

Overview

Cervical cancer survivors commonly report late effects, including bladder dysfunction,⁷⁻¹⁷ bowel dysfunction,^{9,18,19} sexual dysfunction,^{9,20-25} lymphedema,^{3,9,14,26,27} and psychosocial problems.²⁸⁻³⁰ Six studies were noted that have broadly addressed multiple aspects of QOL in a substantial number of cervical cancer patients. The first was a cross-sectional sample of 421 patients with cervical cancer in Taiwan who were treated with one of the following options: (1) radical hysterectomy with bilateral pelvic lymph node dissection (surgery) if less than stage IIA, (2) surgery with adjuvant radiation or chemotherapy if less than stage IIA with risk factors for recurrence, or (3) chemoradiation or radiation alone if medically inoperable and for patients older than 65 years of age. They noted that patients with invasive cervical cancer scored lower in physical and psychologic domains, as well as sexual function, compared with the reference group of women who underwent cold knife conization for carcinoma in situ.³¹ A second study evaluated 120 women with various types of gynecologic cancer at a mean of 16 months post treatment. Compared with the total gynecologic oncology population, cancer-related fatigue was more prevalent among the 29 cervical cancer patients, with more than two thirds noting cancer-related fatigue versus approximately half of the overall gynecologic cancer population (69% vs 53%); however, this disappears after adjusting for age. Of note, there were no differences in

Download English Version:

<https://daneshyari.com/en/article/5825193>

Download Persian Version:

<https://daneshyari.com/article/5825193>

[Daneshyari.com](https://daneshyari.com)