



Contents lists available at ScienceDirect

## Gynecologic Oncology

journal homepage: [www.elsevier.com/locate/ygyno](http://www.elsevier.com/locate/ygyno)

## Life after endometrial cancer: A systematic review of patient-reported outcomes

Robert Shisler<sup>a</sup>, Jennifer A. Sinnott<sup>b</sup>, Vivian Wang<sup>a</sup>, Courtney Hebert<sup>c</sup>, Ritu Salani<sup>d</sup>, Ashley S. Felix<sup>a,\*</sup>

<sup>a</sup> Division of Epidemiology, College of Public Health, The Ohio State University, Columbus, OH, United States

<sup>b</sup> Department of Statistics, College of Arts and Sciences, The Ohio State University, Columbus, OH, United States

<sup>c</sup> Division of Bioinformatics, College of Medicine, The Ohio State University, Columbus, OH, United States

<sup>d</sup> Division of Gynecologic Oncology, College of Medicine, The Ohio State University, Columbus, OH, United States

### HIGHLIGHTS

- PROs among EC survivors are not well understood.
- A range of PRO questionnaires were used and timing of the questionnaire varied.
- Patient characteristics, such as higher weight, were associated with worse PROs.
- PROs should be monitored following an EC diagnosis.

### ARTICLE INFO

#### Article history:

Received 22 September 2017

Received in revised form 3 November 2017

Accepted 4 November 2017

Available online xxxx

#### Keywords:

Endometrial cancer

Survivor

Quality of life

Patient reported outcome

Obesity

Sexual function

### ABSTRACT

**Background.** Women with endometrial cancer (EC) are the second largest population of female cancer survivors in the United States. However, the outcomes of EC survivors, from the patient perspective, are not well-understood. Therefore, we conducted a systematic review of patient-reported outcomes (PROs) following an EC diagnosis.

**Methods.** We searched MEDLINE, EMBASE, Scopus, CINAHL, and reference lists to identify published observational studies that examined PROs among women with EC. Reviewers independently reviewed eligible full-text study articles and conducted data extraction. We qualitatively summarized included articles according to exposures [e.g. body mass index (BMI), treatment, etc.] or specific PROs (e.g. sexual function).

**Results.** Of 1722 unique studies, 102 full-text articles were reviewed, of which a total of 27 studies fulfilled the inclusion criteria. The most commonly used PRO questionnaires were the European Organization for Research and Treatment of Cancer Quality of Life Questionnaire-Core 30 (EORTC QLQ-C30) ( $n = 9$ ), Short Form 36 Questionnaire (SF-36,  $n = 8$ ), the Functional Assessment of Cancer Therapy-General (FACT-G,  $n = 5$ ), and the Female Sexual Function Index (FSFI,  $n = 4$ ). Obesity was associated with lower quality of life (QOL) and physical functioning. Treatment type affected several outcomes. Laparoscopy generally resulted in better QOL outcomes than laparotomy. Likewise, vaginal brachytherapy was associated with better outcomes compared to external beam radiation. Sexual function outcomes were dependent on age, time since diagnosis, and having consulted a physician before engaging in sexual activities. In addition, a physical activity intervention was associated with improved sexual interest but not sexual function.

**Conclusions.** Our review provides insight into the experience of EC survivors from the patient perspective. Factors that contribute to QOL, such as pain, fatigue, emotional and social functioning, should be monitored following an EC diagnosis.

© 2017 Elsevier Inc. All rights reserved.

### 1. Introduction

Incidence rates of endometrial cancer (EC) exceed those of all other gynecologic cancers in the United States (U.S.), and have risen over the last decade, without evidence of slowing [1–4]. An increase in obesity prevalence, the strongest modifiable risk factor for EC development, likely contributes to this increase [5]. In addition, changes in the

\* Corresponding author at: 1841 Neil Avenue, 346 Cunz Hall, Columbus, OH 43210, United States.

E-mail address: [Felix.20@osu.edu](mailto:Felix.20@osu.edu) (A.S. Felix).

prevalence of other EC risk factors, notably, increases in diabetes and the metabolic syndrome [6,7], the widespread decline in menopausal hormone use (especially estrogen plus progestin formulations) [4], and decreasing fertility and smoking rates [8,9] also contribute to the observed increases in EC incidence. In recent decades, hysterectomy for non-cancer diagnoses has declined, contributing to a larger population of at-risk women [10]. Survival following an EC diagnosis is generally favorable, with 81% of women surviving five years after diagnosis [11]. The majority of women diagnosed with EC have well-differentiated and localized tumors [12–15] of endometrioid morphology [16], which portends even higher five-year survival rates (>90%) [17].

Increasing annual incidence and favorable clinical outcomes have resulted in a rapidly growing population of EC survivors. In 2016, > 755,000 women were living with this malignancy, making women with EC the second largest population of female cancer survivors in the U.S. [18]. Despite this, the outcomes of EC survivors, *from the patient perspective*, have not been frequently investigated. Beyond conventional clinical endpoints such as recurrence or death, cancer survivors experience a diverse array of unique health issues that are not typically captured in a uniform way in clinical care or research. There has been increasing interest in understanding these health issues as reported directly by the patient, in which case they are termed patient-reported outcomes (PROs). PROs such as stress, fatigue, changes in sexual functioning, and depression among others may characterize the post-treatment cancer patient and lead to lower health-related quality of life (QOL), an important outcome in and of itself. PROs are particularly valuable, as the report comes directly from the patient about the status of their health condition, without amendment or interpretation of the patient's response by a clinician or family member.

Data on PROs can add to our understanding of the experiences of individuals diagnosed with cancer. Moreover, these data can be leveraged to assess healthcare quality, an increasingly difficult task in light of the complexity and fragmentation of cancer care [19]. In 2003, the National Institutes of Health (NIH) developed the Patient-Reported Outcome Measurement Information System (PROMIS), which aims to “reengineer the clinical research enterprise” by creating health measures with improved reliability, validity, and precision relative to existing instruments [20]. Moreover, the use of a standardized scale provides an opportunity for direct comparisons between different patient populations. The goal of this systematic review is to summarize the existing literature related to PROs among EC survivors and highlight gaps in the literature that should be addressed in future research.

## 2. Methods

### 2.1. Search strategy and selection criteria

Using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines [21], we conducted a systematic review of observational studies examining PROs among EC survivors. For our purposes, we used the NCI definition of cancer survivor, which considers an individual a cancer survivor from the time of diagnosis through the balance of his or her life. We conducted searches within MEDLINE, EMBASE, Scopus, and CINAHL. Our primary search used the following keywords “endometrial cancer” and “patient reported outcome.” Our secondary outcomes included specific domains covered in the NIH PROMIS tool (physical function, sexual function, fatigue, pain, emotional distress, and social role participation). These terms were searched in conjunction with EC.

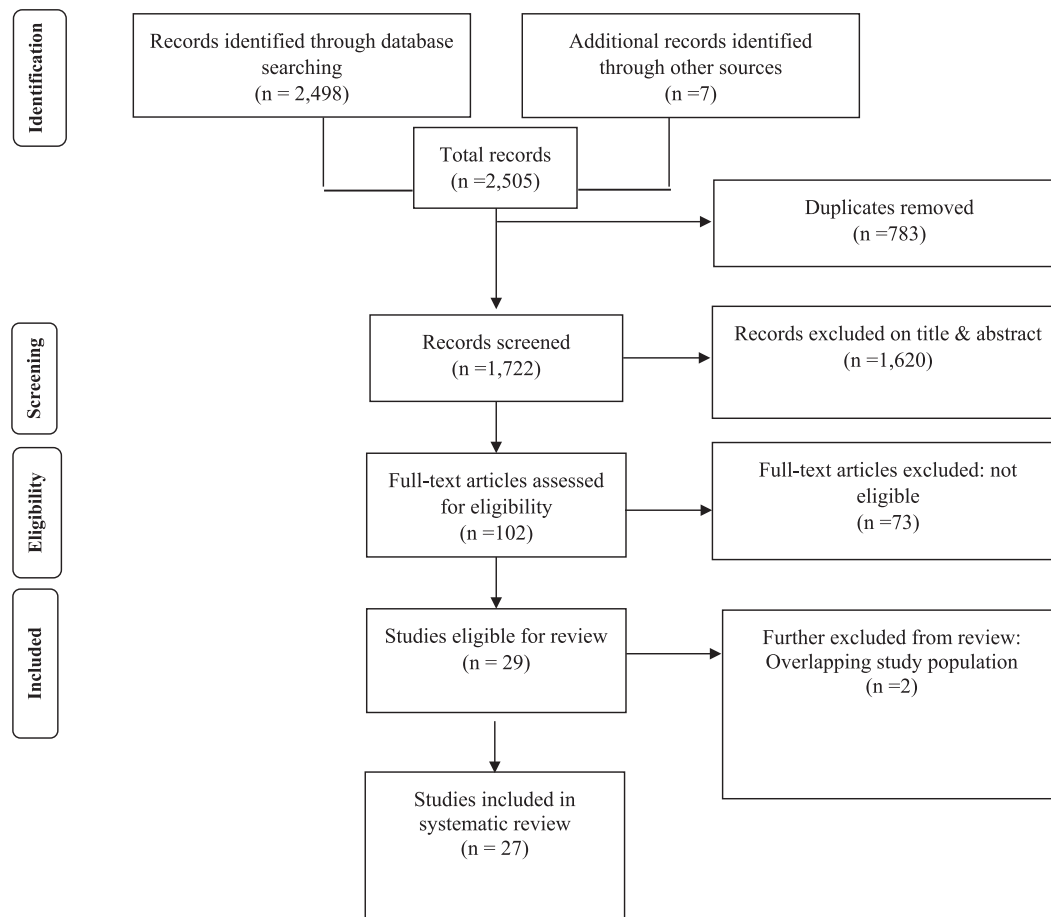


Fig. 1. Identification of relevant literature.

Download English Version:

<https://daneshyari.com/en/article/8780668>

Download Persian Version:

<https://daneshyari.com/article/8780668>

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