

Quality of Life After Radical Cystectomy



Mark D. Tyson II, MD^{a,*}, Daniel A. Barocas, MD, MPH^b

KEYWORDS

• Cystectomy • Ileal conduit • Neobladder • Quality of life • Bladder cancer

KEY POINTS

- Studies comparing quality of life across diversion types have demonstrated similar patient-reported outcomes regardless of diversion type except in recent years, where a trend in favor of neobladder diversions has been observed.
- Cystectomy is associated with well-known declines in sexual function for both men and women, but these declines can be mitigated with nerve-sparing and organ-sparing approaches.
- Body image changes that often accompany external urinary drainage devices and emotional and psychosocial stress endured by the patient with cancer can significantly impair sexual relationships.
- The neurovascular bundles, located on the lateral walls of the vagina, are usually removed or damaged during surgery. Significant devascularization of the clitoris can also occur during the removal of the distal urethra.
- There are bladder-sparing alternatives to radical cystectomy, including radiation protocols, for which the effect on quality of life is largely unknown.

INTRODUCTION

Bladder cancer is the second most common genitourinary malignancy in the United States with an estimated incidence of approximately 11.6 cases per 100,000 per year.¹ Approximately 1 in 5 new bladder cancer cases are muscle invasive for which the current standard of care is neoadjuvant chemotherapy followed by radical cystectomy.² The main options for urinary tract reconstruction are incontinent conduit diversions, continent cutaneous diversions, and orthotopic neobladders. Although these treatments are associated with well-known short-term effects on patient well-being and quality of life,³ long-term quality-of-life impairments in functional independence, urinary and sexual function, social and emotional health, body image, and psychosocial stress are often attributed to the urinary diversion. Therefore,

understanding how the different options for urinary diversion influence these important quality-of-life parameters is paramount for informed consent and should be rooted in data acquired from rigorous scientific investigation.

Compared with the literature on other malignancies like breast or prostate cancer,^{4,5} high-quality studies evaluating the effect of bladder cancer treatment on quality of life are lacking. Although the number of studies in this space has dramatically increased in recent years, strong conclusions from these studies are mitigated by methodological limitations, such as cross-sectional designs, small sample sizes, and inadequate confounding control.

In this article, the authors (1) provide an overview of the most commonly used quality-of-life instruments in patients with bladder cancer, including general, cancer-specific, and bladder

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^a Department of Urology, Mayo Clinic Arizona, Mayo Clinic Hospital, 5777 East Mayo Boulevard, Phoenix, AZ 85054, USA; ^b Department of Urologic Surgery, Vanderbilt University Medical Center, A1302 Medical Center North, Nashville, TN 37203, USA

* Corresponding author.

E-mail address: tyson.mark@mayo.edu

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cancer-specific quality-of-life instruments and (2) summarize the effect of cystectomy and urinary diversion on general quality-of-life outcomes as well as disease-specific outcomes, such as sexual, urinary, and bowel function.

OVERVIEW OF QUALITY-OF-LIFE INSTRUMENTS

“Quality of life” is a construct that encompasses physical, psychosocial, and functional health and reflects a patient’s satisfaction with various aspects of his or her life.^{6,7} More broadly speaking, quality of life is essentially a person’s satisfaction with his or her life in the context of the current health circumstances. To minimize bias, quality of life is most commonly assessed by standardized patient-reported survey instruments or questionnaires. Valid, reliable, longitudinal measurement of quality of life has important implications for research comparing treatment options as well as for delivery of patient-centered clinical care.

Because measurements of quality of life can be general or specific to the disease under study, quality-of-life instruments for patients with bladder cancer fall into 1 of 3 broad categories: general, cancer specific, and bladder cancer specific.⁸

General Quality-of-Life Outcomes

Many different psychometrically validated survey instruments assessing general quality of life exist and can be used for patients with cancer. The most established and perhaps most widely used general quality-of-life instrument is the RAND Medical Outcomes Study 36-Item Health Survey (SF-36). This survey comprises 36 questions across 8 distinct functional domains, including vitality, physical function, bodily pain, general health perceptions, physical role functioning, emotional role functioning, social role functioning, and mental health.⁹ Although the SF-36 does not contain specific items related to cancer, it has been used to assess general quality of life in patients with bladder cancer undergoing cystectomy.^{10–13} Although the SF-36 is among the most validated and responsive general quality-of-life instrument, it lacks the specificity to gauge cancer-specific issues.^{14–16}

Cancer-Specific Instruments

Quality-of-life instruments have also been developed to assess general quality-of-life outcomes for patients with cancer, such as The European Organization for Research and Treatment of Cancer Quality of Life Core Questionnaire (EORTC QLQ-C30) and the Functional Assessment of

Cancer Therapy (FACT-G).^{17,18} However, similar to the general quality-of-life instruments, these surveys only address cancer-related issues in broad terms and are not bladder cancer specific. Although these types of instruments are needed to assess general cancer-related issues such as nausea, vomiting, pain, or insomnia, this broad applicability across the cancer spectrum detracts from their ability to capture key quality-of-life issues that are most important to patients with bladder cancer, such as urinary, bowel, and sexual function.¹⁴

Bladder Cancer-Specific Instruments

Several bladder cancer-specific quality-of-life instruments have been validated for use in patients undergoing radical cystectomy and urinary diversion. Bladder cancer-specific instruments assess important endpoints pertaining to urinary, bowel, and sexual dysfunction as well as body image and practical issues pertaining to their specific urinary diversion type. These instruments fall into 1 of 2 categories: treatment-neutral instruments such as the Bladder Cancer Index (BCI) and the FACT-BI and treatment-specific instruments such as the FACT-VCI and EORTC-QLQ-BLM30, which pertain specifically to patients who have undergone a cystectomy with urinary diversion. Although these instruments capture more disease-specific information, they should be coadministered with general quality-of-life instruments so as not to miss important information regarding their overall health.

The European Organization for Research and Treatment of Cancer Quality of Life Core

Questionnaire–bladder cancer muscle invasive

The EORTC-QLQ-BLM30 is a 30-item supplementary questionnaire module that is specifically designed for use in those with muscle-invasive bladder cancer.¹⁹ The instrument is intended to be administered in conjunction with the EORTC-QLQ-C30, which contains items within 15 domains pertaining to physical, role, emotional, cognitive, and social functioning as well as items related to fatigue, nausea, vomiting, pain, dyspnea, insomnia, appetite loss, constipation, diarrhea, and financial difficulties.²⁰ The QLQ-BLM30 is the bladder cancer-specific module that incorporates multi-item scales that assess urinary symptoms, urostomy problems, future perspectives, abdominal bloating, body image, sexual function, and catheter use problems. The scoring methods for the QLQ-BLM30 are similar, in principle, to the scoring methods for the symptom and function scales of the QLQ-C30. All of the scales and single-item measures range from 0 to 100,

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