

Quality of Life in Cervical Cancer Survivors

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Introduction: Cervical cancer is a public health problem, in Romania 5 women die every day and 8 are diagnosed each day with cervical cancer. Cervical cancer survivors experience a complexity of problems - physical, psychological and sexual-related to the consequences of disease and treatment. Quality of life in cervical cancer patients, as in all cancer diagnosed patients as well, depends on multiple variables.

Aim: to determine the emotional and social impact of cervical cancer diagnoses and cancer-related quality of life.

Material and method: study was made over one year, between 2010 and 2011, on 50 patients who accepted to enter in our study, within a 3 year interval from diagnose to actual study.

Results: 60% presented anxiety and 80% distress. Weakness, fatigue was present in about 25% of patients. Sexual life was affected in 40% from cases.

Conclusion: quality of life in cervical cancer patients, as in all cancer diagnosed patients as well, depends on multiple variables; treatment present many side-effects and capacity to work can be affected as well

Keywords: cervical cancer, quality of life

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Introduction

Cervical cancer is a public health problem in the world and in Europe. In present, in advanced countries in last decades is noticed a decrease in the number of cases diagnosed in late stages accompanied by an increasing number of cases diagnosed in early stages, Romania is the first in Europe in number of deaths from cervical cancer. In Romania 5 women die every day and 8 are diagnosed each day with cervical cancer (WHO report for Romania, 2007). This is due to both small-scale use of screening and additional tests for diagnosis.

Cervical cancer survivors experience a complexity of problems – physical, psychological and sexual-related to the consequences of disease and treatment.

Quality of life in cervical cancer patients, as in all cancer diagnosed patients as well, depends on multiple variables such as: type of intervention, type of associated treatment, treatment side-effects, type of available support, body image, sexual functioning, financial resources, socioeconomic status, issues regarding taking time off from work, transportation, social support from spouses, family members and friends, as well as support from health care professionals.

The WHO's Quality of Life Group (1995) recognized that physical/health status, psychological status and social functioning are essential components that must be considered when examining quality of life.

Recently, it has been accepted that measurements of health-related quality of life should be based on patients' self-reports, as expressed in specifically designed questionnaires [1].

Surgery alone or in combination radiotherapy, constitute the most effective therapeutic modalities for the treatment of patients with cervical cancer. Complications of treatment may occur at variable time interval from primary treatment. Patients undergoing combined treatment modalities appear to have more pronounced sideeffects than after either surgery or irradiation alone [2]. Surgery side-effect may include bladder dysfunction, due to damage of the bladder innervation during the dissection of the cardinal ligament and correlates with the extent of the operation. The condition may result in a chronic disability [3]. A chronic hypotonic bladder may necessitate voiding by the clock with the aid of abdominal muscles, or even life-long self catheterization.

Klee et al. [4] studying the side effects of radiation therapy found that most of the patients (61%) initially experienced a high level of diarrhea and frequent or painful voiding. These symptoms significantly declined during the first 3 months post-treatment, but never returned to the level of normal control, leaving a group of patients with chronic problems [4].

Because radiation damage to the bladder, intestines and vagina, which are long-lasting and difficult to correct, many physicians prefers to eradicate the disease surgically. Complications of the urinary tract after radiation treatment tend to appear later than intestinal complications and are seen most frequently 3–4 years post-treatment [1].

Different studies have shown that cancer patients are at a higher risk of developing serious psychological distress than the general population [5,6]. Cervical cancer patients can acknowledge shock, fear, moderate to severe levels of anxiety, and levels of depressive symptoms suggestive of clinical depression related to the diagnosis, surgery, and treatment.

Impairment of sexual function is a frequent consequence of treatment, due to organic (shortness of the vagina, inelasticity and absence of lubrication or swelling who can lead to pain or bleeding) as well as to psychological causes (anxiety, depression) influencing the quality of life. The reported incidence ranges between 6 and 100% [7]. Sexual dysfunctions appear after both surgery and radiotherapy, considered to be more common after radiotherapy than after radical surgery.

Regarding differences by treatment modality, those treated with chemotherapy had poorer role and cognitive functioning and more problems with fatigue, nausea and vomiting, dyspnea, and constipation with more long-term physical side effects.

The term social support refers to a variety of phenomena that characterize an individual's social environment. Structural support, sometimes referred to social integration. There is little data on the relationship between social support and quality of life in gynecologic cancer, however a substantial literature describes the long-term benefits of social support in cancer survivorship.

Aim

The goal of this study was to determine the emotional and social impact of cervical cancer diagnoses and cancer-related quality of life in women who have been diagnosed with this cancer.

Material and method

We include in our study women diagnosed with cervical cancer and treated in different way. The study was made over one year, between 2010 and 2011, on 50 patients who accepted to enter in our study, within a 3 year interval from diagnose to actual study. Age of patients were between 25–45 years. We ask patients to write what they feel when they were diagnosed, when the type of treatment were communicated to them, type of treatment, post-treatment general status and actual status (personal and social) and how disease influence their life.

Results

About first date of diagnostic, most of them presented anxiety (60%) and distress (80%), distress in special about their life, about the way family and colleague will look at them, and about their jobs. Most of them (44%) that present these symptoms are younger. Approximately 45% of patients were angry why the diseases affect them.

When they discuss the type of treatment, approximately 85% from patients sustained that nobody told them about complications of treatment (on short or long terms), and that from all type of treatment propose 95% were afraid for chemotherapy mainly because hair loss. It seems like from all patients 75% were more interested on how they will look then the disease evolution. About secondary effect of treatment, many of them presented nausea/vomiting (88%) in first 2–3 months, pain in pelvic region (12%) even at 2 month after treatment. Weakness, fatigue was

present in about 25% of patients. Sexual life was affected in 40% from cases, more frequently in older patients. From this patients, the most majority of them are affected after radiotherapy (28%). A very important role in patient's life play the role of spirituality, many of them seeking cure in divinity, going more frequent to church and pray a lot more. Approximately 65% of patients try complementary treatment (tea, plants, etc).

88% of patients are supported for family for all time, but in 2% of cases husband divorce them. 10% of them trying to deal with disease by themselves any deny any help.

Unfortunately, only 15% of patients ask for specialist support – going to a psychologist.

Regarding their work, 15% from patients quit their jobs, preferring to they stay at home. From the rest, 15% of them change the place of work, 10% change the hour program, and 60% keep their previous job and program.

Discussions

Age is a correlate of emotional distress and traumatic stress symptoms in cancer survivors, with younger women tending to experience elevated levels of distress. The results from study also indicated that psychological distress and quality of life in cervical cancer survivors were not significantly different with disease stage, but is affected by type of treatment. The result are equivalent with that obtained by Kobayashi *et al* [8].

Another study from Schreier and Williams [9] found significantly higher amount of anxiety in patients receiving chemotherapy, results that are similar to ours.

A study regarding sexual life after cervical cancer treatment by Michael Frumovitz [10] obtained same results like we do: the desire for sexual intimacy was equal, irradiated patients had significantly more sexual dysfunction.

It is estimated that 62% of cancer patients continue or return to work during or after treatment [11], but most previous research focuses on the probability and timeliness of returning to work, rather than identifying how the cancer experience affects the individual's quality of work life [12]. In our study, 85% of them continue to work. The difference maybe is because the studies were made in differente period of time, ours in a period of economic crisis that reduce the number of jobs, people beeing concern about losing their job.

Conclusions

- ▶ Quality of life in cervical cancer patients, as in all cancer diagnosed patients as well, depends on multiple variables.
- ▶ Women, regardless of rural or urban residence, diagnosed with cervical cancer, experience significant anxiety and distress regarding diagnosis and treatment.
- ▶ Surgery alone or in combination radiotherapy, constitute the most effective therapeutic modalities for the treatment of patients with cervical cancer but with most side-effects of all treatment methods.

- ▶ Sexual dysfunction is considered to be more common after radiotherapy than after radical surgery.
- ▶ There are no convincing data that surgery is superior to irradiation with regard to the patient's personal perception of quality of life.
- ▶ Social support is related to favorable physical and psychological outcomes.
- ▶ Addressability to specialist support is still very low compared to other countries.
- ▶ Work limitation among the patients were relatively common and were both disease/treatment related and work-related factors.

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