

## RESEARCH COMMUNICATION

## Quality of Life in Gynecologic Cancer Patients

Mamak Tahmasebi<sup>1\*</sup>, Fariba Yarandi<sup>2</sup>, Zahra Eftekhar<sup>2</sup>, Ali Montazeri<sup>3</sup>, Hamidreza Namazi<sup>4</sup>

## Abstract

**Objective:** A descriptive study for evaluating the variables which influence the quality of life was performed in women with gynecologic cancer undergoing various kinds of treatment. **Methods:** The study was based on a chart review of 104 women with gynecologic cancer and analyses of their compiled FACT-G (V4); (Functional Assessment of Cancer Therapy-General) questionnaires. Patients were assessed before and 3 months after treatment. The relationship of a number of biomedical variables with quality of life outcomes was tested. **Results:** The mean age of patients was 50.13 years. The most involved organ was ovary (42.3%). The mean of socio-familial, emotional, functional well-being and overall quality of life 3 months after the treatment were greater than previously. The mean of physical well-being after 3 months of treatment was lower than before that ( $p < 0.05$ ). There were no statistical difference between the mean of overall quality of life before treatment and that 3 months after treatment for variables such as marital status, qualification, job, parity, co-morbidity diseases, organ involved, and stage of cancer ( $p > 0.05$ ). **Conclusions:** More studies must utilize quality of life as a primary endpoint. As gynecologic cancers are usually discovered in late stages, strategies for supportive care need to focus on symptom management.

**Key Words:** Gynecologic cancer - quality of life - FACT-G questionnaire

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## Introduction

Quality of life is not a new concept and early reference can be found in Greek literature. In most developing countries, the measurement of quality of life has become, in the investigation of some therapeutic areas at least, as ubiquitous an observation as that of blood pressure or weight. It is a concept which reflects the physical, social and emotional attitudes and behaviours of an individual. Quality of life assessment is becoming increasingly recognized as an outcome and predictor for cancer patients. By this assessment and by further describing the effects of disease and treatment, the clinician can better address the needs of the patients.

This study was designed to evaluate quality of life issues in women before and after treatment for gynecologic cancer and to determine what can be learned from FACT-G (V4) data (Cella et al., 1993). The main objective was to study how treatment affects quality of life.

## Materials and Methods

The FACT-G (V4) scores of 104 women before and 3 months after starting treatment of gynecologic cancers were reviewed for the study.

The FACT-G has been established as a reliable and

valid measure of quality of life of cancer patients, including gynecologic cancers, in clinical research settings. The FACT-G assesses physical, socio-familial, emotional and functional well-beings and symptoms include fatigue, nausea and pain.

General information included age at diagnosis, marital status, qualification, job, parity, socio-economical class, site and type of cancer, stage of it and type of treatment. All data collected from the chart review and the FACT-G questionnaires were coded and converted into a Statistical Package for the Social Sciences (SPSS) system file for analysis.

## Results

The mean age at diagnosis was 50.13 years (SD=14.05), with ages ranging between 16 and 83 years. Our patients sample was composed mainly of married women (84.6%) and 39.4% of them were illiterates. Housewives were 97.1% of them. Most of them had not any co-morbidity diseases like diabetes or high blood pressure. In 80.8% of them parity were 3 or more and in 9.6% of them 1 or 2. Socio-economical class of 16.3% of them was poor, 77.9% was medium and 5.8% was good. The site of involvement was ovary (42.3%), and following it were cervix (34.6%), endometrium (11.55%) and vulva

<sup>1</sup>Dept. of Palliative Medicine, Cancer Institute, Tehran University, <sup>2</sup>Dept. of Gynecology Oncology, Mirza Kuckak-khan Hospital, Tehran, <sup>3</sup>Iranian Institute for Health Sciences Research, Tehran, <sup>4</sup>Palliative Care Committee in Health Minister, Dept. of Professional Ethics, Tehran University, Tehran, Iran \*For Correspondence: E-mail: mamaktahma@yahoo.com

and vagina (11.5%). Stages of the disease of these patients reviewed, 36.5% of them presented with stage 1, 20.2% stage 2, 30.8% stage 3 and 12.8% stage 4.

Age at diagnosis was positively correlated with stage of disease. 55.8% of them operated, 1% received chemotherapy, and 1.9% received radiotherapy and 41.3% combination therapy. 49% of them reported no symptoms 3 months after treatment, 14.42% reported nausea, and 38.46% had pain and 21.15% fatigue.

The mean socio-familial, emotional and functional well-being and overall quality of life after treatment were upper than before it. Mean of physical well-being after treatment was lower than before it ( $p < 0.05$ ).

In all subgroups related to the most of variables such as marital status, qualification, occupational condition, parity, co-morbidity diseases, socio-economical condition, organ involvement and stage of their cancer, there were not statistical difference between the mean of overall quality of life before and after treatment ( $p > 0.05$ ). Age was inversely correlated with overall quality of life ( $p = 0.013$ ).

## Discussion

Unfortunately, women with gynecologic cancer have no or only limited symptoms until an advanced stage. Then different kind of treatment may not even prolong their lives. Until recently, treatment for gynecologic malignancies has focused almost exclusively on prolongation of life, and few research studies have adequately addressed issues related to quality of life (Pignata et al., 2001). With the quality of life assessment the health care team will be able to investigate some relationship between quality of life and treatment regimens and disease outcomes for different kind of gynecologic cancer patients (Greimel et al., 2002).

In our patients mean of socio-familial, emotional and functional well-being were significantly better after treatment that it is similar to some other studies' results (Miller et al., 2002). Maybe because of more attention was being given to them by relatives and friends after starting treatment.

Mean of physical well-being was significantly lower after treatment, maybe because most of our patients were old and were at higher stages of disease and received combination therapy more. Then, overall quality of life was better after diagnosis and starting treatment.

This study was limited by its small sample size and different kind of gynecologic cancer and different kind of therapy that were studied into one group. Also, participation in the study was completely voluntary and this cause bias, as patients who had little stress may complete the questionnaires.

Due to the relatively small number of gynecologic cancer patients seen at any one cancer center, future research should include large, multicenter studies, which allow comparative analysis of quality of life by diagnosis. The study of quality of life can help to clarify the role of patient care measures such as "patient education, pain management techniques, preventive measures for anticipatory nausea with chemotherapy, medication for

symptom control, professional counseling about sexual function, family and marital relationships, or adjustment to terminal illness" (McCartney and Larson, 1987).

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