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ASSESSMENT OF THE QUALITY OF LIFE AND ASSOCIATED FACTORS AMONG PATIENTS WITH GYNECOLOGICAL CANCER

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ABSTRACT

Back ground: Gynaecological cancers are an umbrella term used to describe any cancer of the female reproductive tract including cancer of cervix, ovaries, endometrium, vagina or vulva and fallopian tube. Aim of the study is assessment of QOL and associated factors among patients with gynaecological cancers. **Method**: A quantitative research approach with descriptive survey was done to assess the quality of life and associated factors among 50 patients with gynaecological cancer. The setting of study was Gynaeconcology Department (ward/OPD) at AIMS, Kochi**. Results**: Among 49 samples, there are 23 patients (46.93%) having Ca Ovary, 21 patients (42.86%) having Ca endometrium and 5 patients (10.20%) having Ca Cervix. The results of the study show that there is no correlation between the quality of life and the associated factors. **Conclusion:** The study concludes that, there is no correlation between the quality of life and associated factors such as age, education, occupation, marital status, income, parity, and type of family.

KEYWORD: Quality of life, associated risk factors, gynaecological cancer patients.

INTRODUCTION

Gynecological cancer is one of the most common types of cancer affecting women. This cancer accounts for 13% of all cancers seen in women.[1] Gynecological cancers include cancer of cervix, ovaries, endometrium, vagina or vulva and fallopian tube. In advanced medical treatment there are various types of treatment modalities that exist for regaining their health in all aspects.[2]

According to WHO QOL is “an individual's perception of their position in life in the context of the culture and value system in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affecting in a complex way the person's physical health, psychological state personal beliefs, social relationships and their relationships to salient features of their environment”. When a woman got diagnosed with any type of Gynecological cancer including cervix, endometrium, ovaries, vagina or vulva it will affect their QOL. Through better care and treatment, we can improve their QOL.[2-3]

However, there are various Gynecological cancers which we do not have valid and accurate screening. Because of that, these cancers continue to be diagnosed at an advanced stage.[1] Improving quality of life along with survival is one of the most important goals in the management of the gynecological cancer patients. Cervical cancer is more common in premenopausal women, and uterine and ovarian cancers rates are increases in the perimenopause years. Vaginal and vulvar cancers are less common and it mostly affect elderly women. The cervical and uterine cancers have a high chance of survival comparing to other types of gynecological cancer.[4]

According to CDC, between 2012 and 2016 around 94000 women were diagnosed with gynecological cancer in each year. The incidence of gynecological cancer depends on the cancer type and ethnicity/race. Uterine cancer was the most common gynecological cancer (26.82 cases per 100,000) and vaginal cancer was the least common cancer (0.66 per 100,000). Hispanic

women have the highest incidence of cervical cancer (9.60 per 100,000). The highest incidence rate of uterine, vagina and vulvar was among white women (uterine:27.16 per 100000, ovarian: 11.50 per 100000, vulvar:2.80 per 100000). Black women have the highest incidence of vaginal cancer (0.90 per 100000)[6]

In India the incidence of female reproductive cancer includes 75000 cases of breast cancer, 70000 cases of cervical, uterine cancers and 1-3% of vulvar and gestational trophoblastic tumors. In this ovarian cancer is responsible for 58% (75000 women annually) of all cancer deaths in women and it is the leading cause of death in female reproductive cancer.[7]

Women diagnosed with gynecological malignancies experience anxiety related to their prognosis. The occurrence of symptoms may cause more psychological distress. Intervention directed towards physical and psychological symptoms requires a multi- disciplinary approach.[7] Early detection and treatment of gynecological cancer have provided gains in patient's survival time. During and after the treatment the variety of treatment associated toxicities included in this will affect the QOL of the patient.[8]

In the present situation this study has great relevance because the incidence of gynecological cancer patients is increasing day by day. Through this study we can identify the problems faced by the patients both mentally and physically and how it will affect their QOL. We can also understand how they overcome the situation. By the study we can help the patient in improving their QOL and provide supportive care for their better recovery. As we are nurses who are in continuous interaction with the patients it will help to provide better care according to their needs.

If the diagnosis of the cancer is late it requires a combination of different treatment modalities such as surgery, radiotherapy, and chemotherapy. After the treatment, some complications such as nausea, fatigue, vaginal bleeding, anemia, vesicovaginal and rectal vaginal fistula are seen in some patients. In addition to these complications; sleep disorders, suicidal ideation, climacteric symptoms and compromised sexual function have been seen in some women with gynecological Cancer. And these complications or symptoms may contribute negative impact on quality of life(QOL).[5]

MATERIALS AND METHODS

A quantitative research approach with descriptive research design was take on to assess the quality of life and associated factors among patients with gynecological cancer. The setting of study was Gynec-oncology department (ward/OPD in AIMS, Kochi). Target population was patient diagnosed with gynecological cancer in Gynec-oncology department (ward/OPD in AIMS, Kochi).

Sampling tool/Technique

Based on the previous studies the sample size was estimated statistically. After considering the inclusion and exclusion criteria a total number of 49 gynecological cancer patient were selected for study using nonprobability purposive sampling technique.

Data collection

After obtaining the ethical clearance, the data collection was conducted using a standardized tool (questionnaire). After obtaining the informed consent from all the study participants the data collection was started. By considering the condition of the patient and willingness of the patient we collected the required data.

Data sources

The data was collected by administering data collection instruments. A self-structured questionnaire was used to get sociodemographic and clinical data of the participants. Researchers also used two other standardized questionnaires to assess the QOL of cancer patients (generic scale) and symptoms related to side effect associated with given treatment with side effect (disease specific scale).The generic scale contain 30 questions with 4 options for each questions, the total score range from 1-4.And disease specific scale contain 18 questions with 4 options for Ca endometrium patients,17 questions with 4 options for Ca cervix patients, and 24 questions with 4 options for Ca ovary patients. The total score was interpreted as not at all-1, a little-2, quite a bit-3rd, very much-4.

Data analysis

The information collected from the participants were scored, tabulated and saved as master spread sheet in Microsoft Excel. The data analysis was done using the Statistical Package for Social Science(SPPS).

Ethical consideration

Ethical clearance for the study was obtained from the Institutional Review Board of Amrita Vishwa Vidyapeetham after obtaining approval from Research Committee of Amrita College of Nursing, and Department of Gynec-oncology of AIMS Kochi. Permission was sought from the Head of the Department prior to the data collection. The names of the participants were kept anonymous and confidentiality was maintained throughout the study.

RESULTS

Section I – Analysis of data according to socio demographic characteristics and clinical characteristics of respondent

Section II - Analysis of QOL

Section III -Association of QOL with selected research variables such as socio demographic and clinical data

Section I Part A

Table 1: Socio demographic characteristics of respondent.

n=49

Socio demographic data	Category	f	%
Age in years	More then58 and above Less than 58	25 24	51.02% 48.97%
Education	Primary Secondary Degree PG	18 15 13 3	36.73% 30.61% 26.53% 6.12%
Occupation	Working House wife	14 35	28.57% 71.48%
Marital Status	Married Unmarried	48 1	97.96% 2.04%
Parity	Less than 2 2 More than 2	9 24 16	47.36% 48.98% 32.68%
Type of Family	Nuclear Joint	49 0	100%
Income	5000-20000 More than 20000	19 30	38.77% 61.22%

Table 1 shows that among the 49 gyneconcological patients whose QOL was assessed, the median age was 58 and about 25 patients were above 58 and 24 were below 58. In this study, 18 patients (36.73%) were having primary education, 15 patients (30.61%) were having secondary education, 13 patients (26.53%) were educated up to degree, and 3 patients (6.12%) were post graduates. Majority of them were house wives (71.48%) and rest of them was working (28. 57%). Only 1 patient is unmarried other 48 patients (97.96%) were married. And all were living in a nuclear family. About 19 patients (38.77%) were having income between Rs.5000-20000/- and 30 patients (61.22%) were having more than Rs 20000/-.

Table 2: Distribution of respondents according to their clinical data,

n=49

Clinical data	Category	f	%
Diagnosis	Ca Ovary Ca Endometrium Ca Cervix	23 21 5	46.93% 42.86% 10.20%
Stage of cancer	1 2 3 4	15 16 17 1	30.61% 32.65% 34.69% 2.04%
Treatment	Chemotherapy Radiation therapy Surgery	28 8 13	57.14% 16.32% 26.53%

Table 2 shows that, among 49 gynecological cancer patients 23 (46.93%) of them were diagnosed with Ca ovary, 21 (42.86%) of them were diagnosed with Ca endometrium and 5(10.204%) of them were diagnosed with Ca cervix. In that 15 patients (30.61%) were in the first stage, 16 patients (32.65%) were in the second stage, 17 (34.69? %) were in third stage, and only one patient (2.04%) in fourth stage.28 patients (57.14%) were currently undergoing chemotherapy, 8 patients (16.32%) were undergoing radiation therapy and 13 patients (26.53%) were post-operative patients.

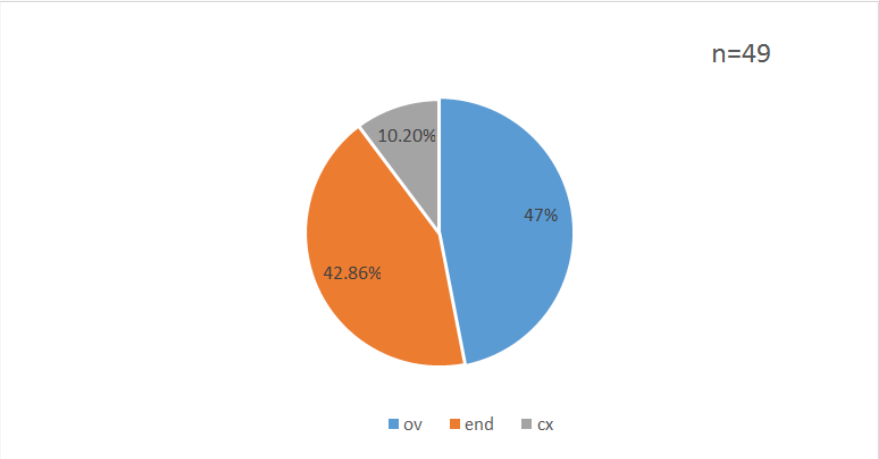

Figure 1: Frequency and percentage distribution of Respondents Based on the Diagnosis of Gynaecological Cancer.

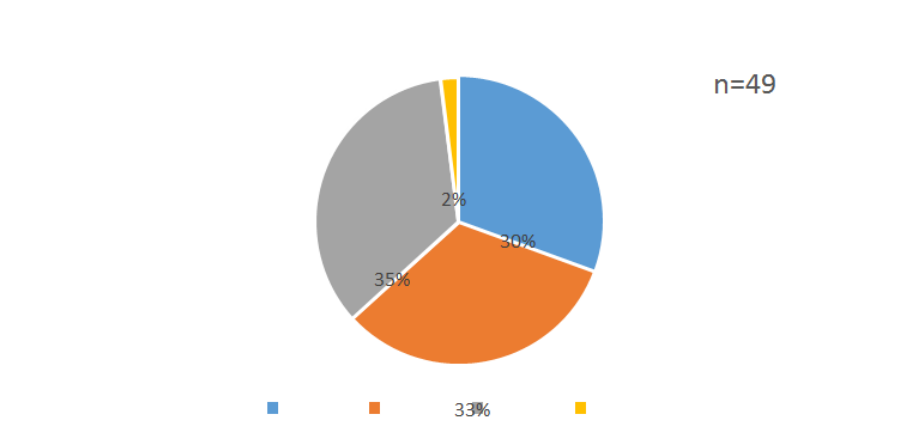

Figure 2: Frequency and percentage distribution of respondents based on the stage of gynaecological cancer.

SECTION B ANALYSIS OF QUALITY OF LIFE

Table 3: Level of QOL and Functional status of the respondents.

n=49

Type of Cancer	N	Mean	Standard deviation	P Value
Ca Ovary	23	69.8696	15.73735	0.159
Ca Endometrium	21	64.4286	9.47402	
Ca Cervix	5	59.0000	9.30054	
TOTAL	49	66.4286	13.08784	

Table 3 shows the QOL and functional status of the respondents. The mean functional status of Ca Ovary is 69.8696 and standard deviation is 15.73735, For Ca endometrium mean of QOL is 64.4286 and standard deviation is 9.47402, For CA cervix mean of QOL is 59.000 and standard deviation is 9. 30054. The total mean of QOL is 66.4286 and standard deviation is 13. 08784. As the p value is 0.159, There is no association between QOL with the type of gynaecological cancer.

SECTION 3- ASSOCIATION OF QOL WITH SELECTED SOCIO DEMOGRAPHIC AND CLINICAL VARIABLES

Table 4: Association of Qol with Age.

n=49

Age	N	Mean	Standard deviation	P value
Below 58yrs	25	64.2400	15.25691	0.236
Above 58yrs	24	68.7083	10.19582	

Table 4 shows the association of QOL with age. The median age is 58 years, and about 25 of the patients were above the age of 58 years. And 24 of them were below the age of 58. The mean of QOL score of patients above 58 years is 64.2400 and standard deviation is 15. 25691. The mean of QOL score of patients below 58 years were 68.7083 and standard deviation was 10. 19582. The P value of age category is 0.236 that means not statistically significant and there is no relation with the age and QOL of gynecological cancer patients.

Table 5: Association of Qol with Education of The Subjects.

n=49

Education	N	Mean	Standard deviation	P Value
Primary	18	69.7778	9.67444	0.474
Secondary	15	66.1333	10.90129	
Degree	13	62.1538	19.07374	
PG	3	66.3333	8.96289	

Table 5 shows the mean value (QOL) of 18 primary educated patients is 69.7778 and the std. deviation is 9.67444. The mean value of 15 secondary educated patients is 66.1333 with standard deviation of 10. 90129. The mean value of 13 graduated patients is 62.1538 and the standard deviation is 19. 07374. The mean value of 3 post graduated patient is 66.3333 and the standard deviation is 8. 96289. The P value of this category is 0.474 that means there is no relation with the education and QOL of gynaecological cancer patients.

Table 6: Association of Qol with Occupation.

n=49

Occupation	N	Mean	Standard deviation	P Value
Working	14	65.4286	17.79245	0.739
Housewife	35	66.4286	10.96381	

Table 6 shows the association of QOL with occupation. In this category, 14 patients were working, and mean value (QOL) is 65.4286 and std. deviation is 17.79245.35 patients were housewife, and mean value was 66.4286 and std. deviation 10. 96381. The P value of occupation category was 0. 739. Interpreting that there is no correlation between occupation and QOL of gynecological cancer patients.

Table 7: Association of Qol With Marital Status.

n=49

Marital status	N
Married	48
Unmarried	1

Table 7 shows that, 48 patients are married and only one is un married. The P value is negligible that means there is relation between QOL and marital status.

Table 8: Association of Qol With Parity.

n=49

Parity	N	Mean	Standard deviation	P value
Less than 2	9	61.3333	4.37163	0.440
2	24	67.3750	15.15374	
More than 2	16	66.4286	13.08784	

Table 8 shows the association of QOL with parity. In this 9 patients were having less than 2 children and the mean value(QOL) is 61.3333, standard deviation was 4.37163.24 patients were having 2 children and mean value of them is 67.3750, standard deviation is 15.15374.16 patients having more than 2 children and mean value is 66.4286, standard deviation is 13. 08784. As the P value of this category is 0.440 there is no association between parity and QOL.

Table 9: Association of Qol With Income.

n=49

Income in Rs.	N	Mean	Standard deviation	P value
Rs.5000-20000	19	66	17.43241	0.857
More than Rs.20000	30	66.7000	9.73139	

Table 9 shows the association of QOL with income. In this category 19 patients are having an income between Rs.5000 – 20000 and the standard deviation is 17.43241 and 30 patients having the income more than Rs. 20,000 and standard deviation is 9.73139.the p value of the income category is 0.857 that mean there is no relation between the income and QOL.

Table 10: Association of Qol With Stage of Cancer.

n=49

Stage	N	Mean	Standard deviation	P value
1	15	69.9333	14.8490	0.650
2	16	65.8125	10.6221	
3	17	64.0588	14.0333	
4	1	64		

Table 10 shows the association between stage of cancer and quality of life. In this category, there are 15 patients

are in stage 1 and standard deviation is 14.84,16 patients are in stage 2 cancer and standard deviation is 10.62,17 patients are in stage 3 cancer and standard deviation is 14.03 and only one patient is in stage 4 cancer. The p value of this category is 0.650 that means there is no association between stage of cancer and quality of life.

Table 11: Association of Qol With Treatment.

n=49

Treatment	N	Mean	Standard deviation	P value
Chemotherapy	28	66.5357	13.1838	0.488
Radiation therapy	8	61.8750	6.8751	
Surgery	13	69	15.6684	

Table 11 shows the association between treatment modality and quality of life. There were 28 patients who were all undergoing chemotherapy, 8 patients undergoing ration therapy and 13 patients undergoing surgery. The p value of this category was 0.488 that means, there is no association between the treatment method and quality of life.

DISCUSSION

The present study was assessment of quality of life and associated factors an among patients with gynecological cancer. The objective of the study is to determine the quality of life among patient with gynecological cancer. The study result shows that there is no significant relation between the quality of life with the type of gynecological cancer, because the p value is 0.159.

The second objective of the study is to find out the association between quality of life and selected demographic and clinical variables. The selected demographic variables are age, education, occupation, marital status, income, parity, type of family. With this selected demographic variables, there is no significant relation with quality of life because all the p values are negligible. The clinical variables are stage of cancer and treatment. With this clinical variables, there is no relation between the quality of life.

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