

Quality of Life of Patients with Gynaecological Cancer

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Abstract: *The present study assessed the quality of life of patients with gynaecological cancer at a tertiary care hospital Kerala. A descriptive design was used for the study. Permission was obtained from the Institutional Ethics Committee and informed consent was obtained from patients. A sample of 114 patients in the age group of 35 to 65 years on treatment for gynaecological cancer were selected using non probability purposive sampling. Patients who are in critical stage and are mentally challenged were excluded from the study. The instruments used for data collection includes sociodemographical and clinical data sheet, quality of life assessment chart with observation checklist. Descriptive and inferential statistics were used to assess the objectives. The results of the study revealed that majority (72.80%) of patients with gynaecological cancer had moderate quality of life where as 10.5% had good quality of life and 16.7% had poor quality of life.*

Keywords: quality of life, patients with gynaecological cancer

1. Introduction

Non communicable diseases also known as chronic diseases are of long duration and occur as a result of a combination of genetic, physiological, environmental and behavioral factors. People of all age groups are affected by noncommunicable diseases and are driven by forces which include rapid unplanned urbanization, globalization of unhealthy life styles and population aging. Cancer is one of the major type of noncommunicable disease which can result in long term health consequences and need a long term treatment and care. The two main characteristics of cancer are uncontrolled growth of the cells in the human body and the ability of these cells to migrate from the original site and spread to distant sites. If the spread is not controlled, cancer can result in death. Estimates of cancer incidence and mortality by the International Agency for Research on Cancer states an incidence of 19.3 million new cancer cases and 10.0 million cancer deaths occurred in 2020

Gynaecological cancer is the cancer of the female reproductive system namely cervix, uterus, ovary, vagina and vulva. Globally cervical cancer is the fourth most common cancer in women with around 660000 new cases in 2022 and about 350000 deaths. More than 313000 new cases and a total of 207,252 deaths due to ovarian cancer in 2020. Endometrial cancer is the sixth most common cancer with 400,000 new cases. In India cancer of the cervix is the third most common cancer with more than 3.4 lakh cases, 313,959 cases of ovarian cancer, 16,413 cases of endometrial cancer in 2020

Cervical, endometrial, and ovarian cancers are relatively common, and the vaginal, vulval and fallopian tube cancers are very rare. The commonest carcinogenic agent to the ovary is asbestos. Exposure to other carcinogenic agents with sufficient evidence is medical treatments with diethylstilboestrol, oral contraceptives or hormone replacement therapy, radiation, environmental exposure as atomic bomb survivors, personal lifestyle habits include smoking, perineal use of talc-based body powder, or

infections with human immunodeficiency virus-1 (HIV1) and human papilloma virus (HPV).

The management of gynaecological cancer includes surgery, radiation therapy and chemotherapy. The chronic illness and management may lead side effects and it will affect their quality of life.

Prospective study among 225 gynaecological cancer patients to assess the treatment effects and the quality of life in relation to radical radiotherapy before and after treatment up to 3 years. Study revealed that most women had impaired functioning and acute physical symptoms immediately after treatment and has a negative effect on QoL immediately after treatment. Effective management plans to be developed to reduce physical symptoms and improve QoL in gynaecological cancer patients. (Barker, C. L., 2009).

2. Objective

To identify the quality of life of patients with gynaecological cancer.

3. Materials and Methods

Present descriptive study was conducted in the day care chemotherapy unit of department of Oncology of a tertiary care hospital in Kerala. Permission was obtained from the Institutional Ethics Committee and informed consent was obtained from patients. Sample consisted of 114 patients with gynaecological cancer in the age group of 35 to 65 years on treatment. Patients who are in critical stage and are mentally challenged were excluded from the study. Interview technique was used for data collection. The tools used were socio personal and clinical data sheet and quality of life assessment chart including observation check list. Quality of life assessment chart including observation check list includes forty statements on physical (12), psychological (10), social (10) and spiritual (8) domains and 10 statements on observation check list. Content validity of the tool was done

and the reliability was established by computation of Cronbach’s alpha (0.83). In quality-of-life assessment chart including observation check list is rated on a three-point level, not at all / never, moderately / intermittently, completely / always carrying a score of 1, 2 and 3 respectively. The scores of different dimensions were calculated and sum of scores provided the quality of life score. The scores ranged from 1 – 150; lower the score obtained poorer the quality of life.

4. Results

Demographic data of patients with gynaecological cancer

Table 1: Comparison of socio personal variables of patients with gynaecological cancer with respect to age, education, occupation, religion, marital status, support system, type of family and economic status

Variables		Control group (n = 57)		Experimental group (n = 57)	
		No	%	No	%
Age in years	35-45	9	15.8	8	14
	46-55	21	36.8	25	43.9
	56-65	27	47.4	24	42.1
Education	Primary	17	29.8	25	43.9
	Secondary	30	52.6	29	50.9
	Degree and above	10	17.5	3	5.3
Occupation	House wife	51	89.5	47	82.5
	Others	6	10.5	10	17.5
Religion	Hindu	34	59.6	28	49.1
	Muslim	5	8.8	7	12.3
	Christian	18	31.6	22	38.6
Marital status	Married	56	98.2	55	96.5
	Others	1	1.8	2	3.5
Support system	Spouse	41	71.9	31	54.4
	Spouse & children	16	28.1	26	45.6
Type of family	Nuclear	55	96.5	52	91.2
	Joint	2	3.5	5	8.8
Economic status	APL	15	26.3	19	33.3
	BPL	42	73.7	38	66.7

Table 1 shows the distribution of study sample by sociopersonal variables

Table 2: Frequency and percentage of patients with gynaecological cancer based on diagnosis, duration of diagnosis, treatment taken/ undergoing and family history of cancer, (n = 114)

Clinical data	N	Percentage
Diagnosis		
Ca Cervix	28	24.60
Ca Ovary	69	60.50
Ca Endometrium	17	14.90
Duration of diagnosis		
<1	61	53.50
>-1	53	46.50
Treatment taken/ undergoing		
Surgery	37	32.50
Radiotherapy	31	27.20
Chemotherapy	114	100.0
Family history of cancer		
Mother	6	5.30
Sister	9	7.90
Daughter	3	2.60
None of the above	96	84.20

Table 2 shows that and 60.50 % of patients are diagnosed as ca ovary, 25% ca cervix and 14.90% ca endometrium. About 53.5% had duration of diagnosis as less than 1 year. It also reveals that all the patients are undergoing chemotherapy as treatment. Majority 84.20% of patients were having no family history of cancer

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Table 3: Domain wise frequencies and percentages of patients with gynaecological cancer based on quality of life (n= 114)

Domains of quality of life	Poor		Moderate		Good	
	N	%	N	%	N	%
Physical quality of life	50	43.9	50	43.9	14	12.3
Psychological quality of life	27	23.7	52	45.6	35	30.7
Social quality of life	28	24.6	78	68.4	8	7
Spiritual quality of life	5	4.4	28	24.6	81	71.1
Overall quality of life	19	16.7	83	72.8	12	10.5
Quality of life assessed by observation	6	5.3	73	64	35	30.7

Analysis of data collected on overall quality of life revealed that 72.80% of patients with gynaecological cancer had moderate quality of life where as 10.5% had good quality of life and 16.7% had poor quality of life.

5. Conclusion

Based on the findings of the study 16.7% had poor quality of life. It is recommended that adequate consideration be given for patients with gynaecological cancer when they were on treatment. All the health team members should be included in the care of these patients and adequate support to be provided to the patients.

References

- [1] Sung, H., Ferlay, J., Siegel, R. L., Laversanne, M., Soerjomataram, I., Jemal, A., & Bray, F. (2021). Global cancer statistics 2020: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. *CA: a cancer journal for clinicians*, 71(3), 209-249.
- [2] Barker, C. L., Routledge, J. A., Farnell, D. J., Swindell, R., & Davidson, S. E. (2009). The impact of radiotherapy late effects on quality of life in gynaecological cancer patients. *British journal of cancer*, 100(10), 1558-1565.
- [3] 3.[https://www. Emro.who.int.cancer](https://www.emro.who.int/cancer)