Prospective assessment of Quality of life in Ovarian cancer survivors

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BACKGROUND

- Ovarian cancer treatment consists of extensive surgery with multi-drug chemotherapy and such intensive treatment is associated with significant morbidity.
- As there is diversity in ovarian cancer survivorship, addressing the issue of Quality-of-life (QoL) is becoming important for themselves and their families.
- QoL has been used as an endpoint in clinical trials to identify the consequences of cancer treatment, assessment of rehabilitation needs and predict response to future treatment.
- Our goal was to assess the QoL in long-term ovarian cancer survivors and to identify the factors related to poor QoL.

AIMS OF THE STUDY

- 1) To assess the Quality of Life in long term ovarian cancer survivors
- 2) To identify the factors associated with poor quality of life

MATERIAL AND METHODS

Ovarian cancer patients, diagnosed at-least two years back from the date of recruitment were included in the study after obtaining clearance from Institute ethics committee.

Inclusion criteria:

- Ovarian cancer patients of stage I-IVA (FIGO-2009) with histological proof of malignancy
- Patients who have the ability to understand the study procedure and to give the informed consent

Exclusion criteria:

- Residual/ recurrent disease
- Wide spread metastatic disease at initial presentation (Stage IVB)
- Previous history of malignancy other than ovarian primary

RESULTS

The study was conducted over a period of eight months, from April 2017 to November 2017. The median age was 45-years (range; 17-72). Global QoL scores varied with age ($p=0.019$) and number of chemotherapy cycles ($p=0.007$). Clinical parameters like age, stage, co-morbidities, number of chemotherapy cycles and drugs were the most consistent factors affecting functional and symptomatic scales.

Table 3. Univariate analysis (ANOVA) of clinic-pathological characteristics with QOL score

QOL measures	N	Median score (IQR)	Age	Co-morbidities	Stage	Number of chemotherapy cycles	Number of chemotherapy drugs
QOQ-C30							
Global QOL	84	83.3(66.6-100)	0.019			0.007	
Functional scales							
Physical functioning	84	90(73.3-100)	0.031				
Role of functioning	84	100(100-100)		0.001			
Cognitive functioning	84	100(83.3-100)			0.002	0.041	
Social functioning	84	100(83.3-100)	0.037		0.004	0.001	0.001
Symptom scales							
Fatigue	84	22.2(11.1-33.3)	0.008	0.054			
Nausea & vomiting	84	0(0-16.6)				0.035	
Sexual function	72	33.3(22.2-66.6)		0.007		0.001	

Table 1: Disease characteristics

Disease characteristics	No. of patients (%)
Baseline CA 125: mean	2284.7 (range; 10.4-57900)
Stage:	
I	42 (50%)
II	2 (2.4%)
III	36 (42.9%)
IV	4 (4.8%)
Hstology:	
Germ cell tumors	6 (7.1%)
Sex cord stromal tumors	6 (7.1%)
Epithelial	72 (85.8%)
Recurrence status:	
No recurrence	52 (61.9%)
Once recurrence	26 (31%)
Twice recurrence	6 (7.1%)
CA 125 at last follow-up: mean	21 (range; 4-48)

Table 2: Treatment characteristics

Treatment characteristics	No. of patients (%)
Median follow-up	47.5 months (range: 24-169)
Treatment:	
a. Surgery alone	14 (16.7%)
b. Surgery + chemotherapy	60 (71.4%)
c. Surgery + chemotherapy + radiotherapy	10 (11.9%)
Platinum free interval (N=28)	Median: 18.5 months (range; 2-87)

CONCLUSION

In this era of prolonged survival in ovarian cancer patients, evaluation of QoL in survivors is important to address unmet needs and to improve physical, social, emotional and sexual well-being. Comprehensive supportive care services should be provided whenever necessary.