Impact of urogynaecological symptoms on the quality of life of women receiving treatment due to endometrial cancer #345

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Introduction

Pelvic floor disorders (PFDs) either anatomical (pelvic organs prolapse) or functional (urinary incontinence and stool incontinenc) negatively affect quality of life in the general population. In fact every second female patient in postmenopausal age suffer from urinary incontinence or pelvic organ prolapse, whereas 6% to 19% of this population may demand surgery in the future (1). The prevalence of PFD in various gynecologic cancer survivors has not been systematically studied. This study aimed to determine the prevalence of PFDs in women after various types of oncological therapy. We hypothesized that the prevalence of PFDs in the gynecological cancer survivors would be higher than in the general female population

Methods

The study was conducted on a group of 82 patients operated due to endometrial cancer. Patients were divided into three study groups according to therapy used.
The assessment was performed before and 6 months after using SF-36v2 questionnaire, a standardized and validated instrument, to measure quality of life. The Short Form 36 (SF-36) consists of 36 questions. Scales can be aggregated into two independent summary measures: physical component summary (PCS) and mental component summary (MCS). Higher scores indicate better health.
Patients filled out a King's Health Questionnaire (KHQ) which is a patient self administered report and has 3 parts consisting of 21 items. Part containst 1 general health perception (GHP) and incontinence impact (II). Part 2 contains role limitations (RL), physical limitations (PL), social limitations (SL), personal relationships (PR), emotions (E) and sleep/energy (S/E). severity measures (SM). Part 3 is considered as a single item and contains ten responses in relation to frequency, nocturia, urgency, urge, stress, intercourse incontinence, nocturnal enuresis, infections, pain, and difficulty in voiding.

Results

Baseline demographic characteristics were similar between all study groups

Results of SF-36v2 questionnaire revealed significant score decrease in Mental Component Summary before and after surgery in the group of patients who underwent surgery completed with subsequent radiochemotherapy

Resluts of KHQ revealed significant differences ($p<0.05$) in post-treatment scores, concerning average values in domains: SL in surgery plus radiation group (45.43) vs. surgery alone group (54.81), and between surgery plus radiochemotherapy (38.33) vs.surgery alone group. In the GHP domain we obtained statistical significancies in same groups: surgery plus radiation (55.00) vs.surgery alone (61.66), surgery plus radiochemotherapy (38.75) vs. surgery alone. By PR domain we revealed some significantly different items by surgery plus radiation group (36.29) vs. surgery alone group (57.77) and by surgery plus radiochemotherapy (30.00) vs. surgery group. There was also statistically significant difference in score by S/E domain in surgery plus radiochemotherapy group (40.00) vs. surgery alone group (63.33).
There were no significant differences in other post-treatment domain scores revealed between the groups.

Conclusions

Urogenital symptoms are exagerrated in patients treated due to endometrial cancer. This exagerration is more pronounced in patients who required combined therapy.

References

Blandon RE, Bharucha AE, Melton LJ 3rd et al. Incidence of pelvic floor repair after hysterectomy. A population-based cohort study. Am J Obstet Gynecol. 2007 Dec;197(6):664. e1-7