

Health-related quality of life after cervical cancer

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The Ph.D. study was carried out at the Department of Gynecology, Rigshospitalet, Denmark and at the Department of Palliative Medicine, The Research Unit, Bispebjerg Hospital, Denmark and comprises 5 scientific papers.

The purpose of the study was to evaluate the impact of disease and treatment on the health-related quality of life (HRQOL) of cervical cancer patients over time. The thesis presents results from two prospective multi-center questionnaire-based studies with inclusion of patients treated with radical hysterectomy and pelvic lymphadenectomy for early stage cervical cancer and patients given radiotherapy for advanced cervical cancer. The questionnaire EORTC QLQ-C30 was used together with two newly developed questionnaires evaluating urological and gynecological morbidity (UGQ) and sexual problems (SVQ). Validity testing of UGQ and SVQ is a constituent part of the study.

Totally 173 consecutive patients (87% participation) with early stage cervical cancer completed six identical questionnaires during the first 24 months after surgery. Totally 118 consecutive patients (74% participation) with advanced cervical cancer completed the SVQ seven times during the first 24 months after radiotherapy. In both studies questionnaire data were compared with data from age-matched, randomly selected women from the general population.

The study demonstrated that radical hysterectomy for early stage cervical cancer is associated with both short- and long-term urological and pain symptomatology and sexual dysfunction. Improvement over time was demonstrated, however, incomplete bladder emptying, pain in the pelvic region, severe lack of lubrication and lack of sexual interest persisted throughout the first two years after surgery. Further, a short-term negative impact on the patients' level of functioning was reported. The latter suggests that, over time, patients adapt well to the morbidity after radical hysterectomy.

The results of the study in patients with advanced cervical cancer demonstrated that radiotherapy has a severe, negative impact on the patients' sex life with little improvement over time in most aspects of sexual dysfunction during the first two years after radiotherapy. The sexual and vaginal problems reported could not be attributed to active disease since the patients were disease-free at all assessments.

The studies provide much new information about HRQOL in cervical cancer patients, useful for future evaluation of treatments and for information to patients and their spouses. Some treatment advances have been made since the studies were carried out. The studies highlight the importance of evaluating the patient's experience of the disease and treatment intervention. It is recommended to include patient-assessed evaluation of late-effects in future evaluation of treatments.

This Ph.D. dissertation was accepted by the Faculty of Health Science of the University of Copenhagen, and is defended on September 17, 2004 at 2.30 p.m. in Lecture room A, the Teilum building, Rigshospitalet, Copenhagen.

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