Rehabilitation of Women with Endometrial and Cervical Cancer: A Study of Needs and Priorities

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1 - Background

- Frequent
- Women of all ages

5-year-survival rates:
  - 77 % Endometrial cancer
  - 65-70 % Cervical cancer
Potential late-effects and side-effects:

- **Psychological:**
  - Depression
  - Anxiety

- **Somatic:**
  - Fatigue
  - Lymphedema
  - Gastrointestinal
  - Urogenital
  - Climacteric

- **Sexual:**
  - Dyspareunia
  - Vaginal dimensions
  - Lack of lubrication

Focus on rehabilitation
To identify short-term rehabilitation needs of women diagnosed with cervical or endometrial cancer

**Design:** observational, Prospective questionnaire study

**Design:** Qualitative approach using two focus group interviews
3 – Material and Methods

3.1 – The population:
Odense University Hospital
Between September 2011 and March 2012

Inclusion criteria:
- all stages
- all treatment modalities
- all ages

96 women (participation rate = 82.6 %)
- 44 with cervical cancer
- 52 with endometrial cancer

Exclusion criteria:
- Dementia or other mental impairment
- Not literate in Danish
- Malignant histology not confirmed before start of treatment
- Recurrent gynecological cancer
3 – Material and Methods

3.2 – The Questionnaires:

- The European Organization for Research and Treatment of Cancer Quality of Life Core Questionnaire (EORTC QLQ-C30)

- The Cervix Cancer (EORTC QLQ-CX24) OR the Endometrial Cancer Module (EORTC QLQ-EN24)

- The Three-Levels-of-Needs Questionnaire (3LNQ)
### Material and Methods

#### Assessment of needs:

<table>
<thead>
<tr>
<th>Problem intensity</th>
<th>Problem burden</th>
<th>Felt need</th>
</tr>
</thead>
<tbody>
<tr>
<td>EORTC QLQ-C30</td>
<td>3LNQ</td>
<td>3LNQ</td>
</tr>
<tr>
<td>EORTC QLQ-CX24/EN24</td>
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</tr>
</tbody>
</table>

- **EORTC QLQ-C30**
- **EORTC QLQ-CX24/EN24**

- **3LNQ**

- **12 items**

**Is the problem present?**
And to what degree?

**Is the problem perceived as a burden?**

**Is a need of help to deal with the problem present? And has it been met?**
3 – Material and Methods

Completion of questionnaires:

Prior to treatment

3 months later
Percentage of women with an unmet need of help with the problem

Statistical significance: p < 0.05
Clinical relevance: difference > 10

Cervical cancer patients
Endometrial cancer patients
4 - Results

Theme 1 - Emotional functioning:

Emotional functioning, EORTC QLQ-C30

![Bar chart showing emotional functioning before and 3 months after treatment for cervical and endometrial cancer.]

- Best level of functioning
- Worst level of functioning

**p < 0.001**
Difference = 23.9

**p = 0.002**
Difference = 9.8
### Problem burden + Felt need

**Worry**

![Bar chart showing worry levels before and after treatment for cervical and endometrial cancer patients.](chart)

- **Cervical Cancer**
  - Before treatment: 61.4%
  - 3 months later: 32.4%
  - Difference: -39.9%
  - Significance: $p < 0.001$

- **Endometrial Cancer**
  - Before treatment: 30.8%
  - 3 months later: 12.5%
  - Difference: -22.9%
  - Significance: $p < 0.001$
4 - Results

**Theme 2 - Physical functioning:**

**Problem burden + Felt need**

Problems reported more frequently following treatment:

*Endometrial cancer*
- Lymphedema ($p = 0.006$)
- Urological problems ($p = 0.018$)
- Constipation ($p = 0.005$)

*Cervical cancer*
- Lymphedema ($p = 0.006$)

- Physical functioning, EORTC QLQ C30
  - Physical activity
    - $p = 0.003$
    - Difference = 12.5
  - Problem burden + Felt need
    - $p = 0.008$
    - Difference = -8
Theme 3 - Sexual functioning in cervical cancer patients:

Following Treatment:

- Sexual and vaginal functioning deteriorated ($p = 0.029$, diff = -8)
- Worry that sex would hurt increased ($p = 0.081$, diff = 11.3)

However:

- The burden felt due to sexual problems decreased ($p = 0.065$, diff = -13.1)

18.2% before and 16.2% after treatment had an unmet need of help with sexual problems
Prior to treatment:
- Emotional problems: worry, depression

After treatment:
- Physical problems and side-effects.
  - Endometrial cancer: constipation, urological problems, lymphedema
Acknowledgements:
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