Long term gynaecological cancer survivors in Côte d’Or: health related quality of life and living conditions

Ariane Mamguem Kamga
Epidemiology and Quality of Life Research Unit
Breast and Gynaecological Cancers Registry of Côte d’Or (Dijon)

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Background

• Growing number of survivors

• Studies on Health related quality of life (HRQoL)
  • Clinical data
  • Reduced follow-up

• Likelihood that HRQoL depends on others factors than clinical data grows with the follow-up since diagnosis
Research Questions

What determined HRQoL among gynaecologic cancer survivors?

What are the living conditions of these women?
Design

- Cross-sectional
- Population-based study
- Breast and Gynaecological cancers registry of Côte d’Or (France)
Population

- Women with primary invasive non-metastatic cancer
  - Cervix
  - Endometrium
  - Ovary

- Diagnosed between 1\textsuperscript{st} January 2006 and 31\textsuperscript{st} December 2013

- Alive as of December 31\textsuperscript{st} , 2016
Data collection

Using questionnaires
- SF-12
- FSFI
- SSQ6
- HADS
- EPICES
- Study specific questionnaire
Endpoints

- Physical Component Summary (PCS)
- Mental Component Summary (MCS)
Results

Figure 1: Flow chart of studied population

Eligible patients
N = 472

Correct address
N = 435

Included patients
N = 195

Cervical cancer survivors
N = 50

Endometrial cancer survivors
N = 103

Ovarian cancer survivors
N = 42
## Characteristics of the population

<table>
<thead>
<tr>
<th>Variables</th>
<th>Cervical Cancer</th>
<th>Endometrial Cancer</th>
<th>Ovarian Cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N=50 (%)</td>
<td>N=103 (%)</td>
<td>N=42 (%)</td>
</tr>
<tr>
<td><strong>Age at diagnosis</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Means (SD)</td>
<td>47.34 (12.93)</td>
<td>65.13 (9.45)</td>
<td>59.07 (12.52)</td>
</tr>
<tr>
<td><strong>Time since diagnosis</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(months)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Means (SD)</td>
<td>75.26 (27.6)</td>
<td>80.2 (29.27)</td>
<td>76.71 (27.06)</td>
</tr>
<tr>
<td><strong>Tumour Stage</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I</td>
<td>34 (68)</td>
<td>94 (92.16)</td>
<td>17 (41.46)</td>
</tr>
<tr>
<td>II</td>
<td>11 (22)</td>
<td>3 (2.94)</td>
<td>5 (12.2)</td>
</tr>
<tr>
<td>III</td>
<td>5 (10)</td>
<td>5 (4.9)</td>
<td>19 (46.34)</td>
</tr>
<tr>
<td>Unknown</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>
Figure 2: HRQoL among gynaecological cancer survivors
Sexual function scores

- Desire
- Arousal
- Pain
- Satisfaction
- Lubrication
- Orgasm

- Cervical cancer survivors
- Endometrial cancer survivors
- Ovarian cancer survivors
- All population

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<table>
<thead>
<tr>
<th>Endpoints</th>
<th>Variables</th>
<th>Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cervical cancer</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PCS</td>
<td>Depression</td>
<td>−14.5456</td>
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<tr>
<td></td>
<td>Social support availability</td>
<td>6.9634</td>
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<tr>
<td>MCS</td>
<td>Social support satisfaction</td>
<td>9.6458</td>
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<tr>
<td></td>
<td>Deprivation</td>
<td>−8.2461</td>
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<tr>
<td><strong>Endometrial cancer</strong></td>
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<tr>
<td>PCS</td>
<td>Deprivation</td>
<td>−9.7354</td>
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<tr>
<td></td>
<td>Comorbidities</td>
<td>−6.6126</td>
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<tr>
<td>MCS</td>
<td>Anxiety</td>
<td>−8.2655</td>
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<tr>
<td></td>
<td>Deprivation</td>
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<tr>
<td><strong>Ovarian cancer</strong></td>
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<tr>
<td>PCS</td>
<td>Social support satisfaction</td>
<td>9.3569</td>
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<tr>
<td>MCS</td>
<td>Social support satisfaction</td>
<td>15.6646</td>
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<tr>
<td></td>
<td>Social support availability</td>
<td>6.6675</td>
</tr>
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</table>
Socio-professional reinsertion of gynaecologic cancer survivors

- Decline of work ability:
  - Cervical cancer survivors: 60%
  - Endometrial cancer survivors: 36%
  - Ovarian cancer survivors: 48%
  - All population: 49%

- Negative impact of cancer on work:
  - Cervical cancer survivors: 30%
  - Endometrial cancer survivors: 32%
  - Ovarian cancer survivors: 50%
  - All population: 36%

- Perceived discrimination:
  - Cervical cancer survivors: 19%
  - Endometrial cancer survivors: 11%
  - Ovarian cancer survivors: 16%
  - All population: 16%
Conclusion

- Small sample size
- No impact of clinical factors such as disease stage on long-term HRQoL

- Promote socio-professional reinsertion
- Improve HRQoL

Can be a way to help women with gynaecological cancers