



# Quality of life and sexual function after cervical cancer: a crosssectional study

Rafaella Araújo Correia<sup>1</sup>, Lays Janaina Prazeres Marques<sup>1</sup>, Solange Laurentino dos Santos<sup>1</sup>, Cristine Vieira do Bonfim<sup>1</sup>

1 Federal University of Pernambuco

# ABSTRACT

**Aim**: To analyze the quality of life and sexual function of women undergoing treatment for cervical cancer. **Methods**: A cross-sectional study of hospital-based census, in which a total of 90 women treated for cervical cancer at the Clinic Hospital of Federal University of Pernambuco (UFPE) in 2015 will be interviewed. The following instruments will be used: WHOQOL-BREF, *Female Sexual Function Index* (FSFI), and an instrument specifically developed for this research to characterize the population to be studied. A descriptive analysis and measures of central tendencies and dispersion, as well as Pearson correlation and Student t-tests will be conducted. The project was approved by the Ethics Committee for Research Involving Human Subjects of the UFPE Health Sciences Center. **Expected results**: to identify most affected areas of quality of life (QOL) and sexual function in women studied and the most harmful treatment forms.

Descriptors: Quality of Life; Cervical Cancer; Combined Modality Therapy; Sexual Health.

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### INTRODUCTION

The occurrence of cancer has intensified among world population (27 million incident cases are estimated for 2030) due to the growth and aging of the population and high exposure to various risk factors (smoking, overweight, sedentary lifestyle, infections). Of the types of cancer exclusive to women, the cervical cancer is the second most commonly diagnosed and the third leading cause of death from cancer among women in less developed countries<sup>(1)</sup>.

There is a tendency of reduction or stability in cervical cancer mortality rate<sup>(2)</sup> and an increase of the number of women living with the healing or chronicity of the disease. However, the increasing survival, an achievement for the oncology area caused by progress in treatment, is permeated by these treatment consequences, which persist for years. The effects of therapies and the disease adversely affect the quality of life and sexual function of cervical cancer surviving patients. The various therapeutic modalities (surgery, radiotherapy and chemotherapy) or even the combination of these interfere with the functioning of the pelvic organs, causing sexual, urinary and intestinal dysfunction<sup>(3)</sup>.

Analyzing the quality of life and sexual function of patients surviving cervical cancer who were submitted to one or more therapeutic modalities we can identify aspects of the physical, mental and social well-being that are affected by the treatment; and assist in selecting the best therapy for each patient considering not only the disease, but her well-being. This will also allow the development of strategies that mitigate the inconvenience caused by surgery, by radiotherapy and chemotherapy. What is the quality of life and sexual function of women undergoing treatment for cervical cancer?

## **MAIN GOAL**

To analyze the quality of life and sexual function of women undergoing treatment for cervical cancer.

#### **METHODS**

This will be a cross-sectional study with a quantitative approach. A census study will be carried out, and accessible population is composed of 90 women treated for cervical cancer at the oncology and/or gynecology clinic in the Clinic Hospital of Federal University of Pernambuco in the period between January 1<sup>st</sup> and December 31<sup>st</sup>, 2015.

The study will include women meeting the following criteria: age equal to or greater than 18 years; interval of at least three months between the end of treatment (surgery or chemo / radiotherapy) and data collection - expected time for the medium and long term adverse effects. Subjects meeting the following criteria will be excluded from the study: patients with Performance status (ECOG - Eastern Cooperative Oncology Group) > 2, which, by definition, are the ones with quality of life already compromised (ECOG will be applied before the interview with the patients); prior or current history of other cancers or other diseases with the potential loss of quality of life; patients undergoing remission treatment; diagnosis of severe mental illness or mental disability.

Data will be collected between September and December 2016 through interviews and consultation of medical records of patients.

## **GUIDING QUESTION**

Correia RA, Marques LJP, Santos SL, Bonfim CV. Quality of life and sexual function after cervical cancer: a cross-sectional study. Online braz j nurs [internet] 2016 Nov [cited year month day]; 15 (suppl.):542-545. Available from: http://www.objnursing.uff. br/index.php/nursing/article/view/5638 To assess their quality of life we will make use of the WHOQOL-BREF, which was developed by the World Health Organization (WHO), and comprises 26 questions covering physical and psychological domains, personal relationships, the environment and overall quality of life. To assess sexual function we will use the Female Sexual Function Index (FSFI), auto-response instrument comprising an algorithmic scale that includes six domains (desire, arousal, lubrication, orgasm, satisfaction and pain); and an instrument specifically designed for this study in order to obtain participants' socio-demographic information.

The data will be analyzed through the *Statistical Package for Social Sciences* (SPSS) software version 10.0. A descriptive analysis and measures of central tendency and dispersion will be taken, adopting a 95% confidence interval. We will use the Pearson correlation coefficient to analyze the scores of WHOQOL dimensions (domains and questions about overall quality of life) and the FSFI (domains and total score). Student's t-test will be used to ensure the statistical significance of the calculated correlation coefficient. The project was approved by the Ethics Committee for Research Involving Human Subjects of the Health Sciences Center of the Federal University of Pernambuco (opinion 1,401,726).

## **EXPECTED RESULTS**

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We intend to identify the most affected areas of quality of life and sexual function for the women being studied and identify the treatment modes that carry more damage to women's well-being after the referred. And, in addition, to provide information to a better suitability of therapeutic choice, aiming not only to cure cervical cancer, and subsidize care processes that minimize the effects of surgery, chemotherapy and radiotherapy.

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All authors participated in the phases of this publication in one or more of the following steps, in According to the recommendations of the International Committee of Medical Journal Editors (ICMJE, 2013): (a) substantial involvement in the planning or preparation of the manuscript or in the collection, analysis or interpretation of data; (b) preparation of the manuscript or conducting critical revision of intellectual content; (c) approval of the versión submitted of this manuscript. All authors declare for the appropriate purposes that the responsibilities related to all aspects of the manuscript submitted to OBJN are yours. They ensure that issues related to the accuracy or integrity of any part of the article were properly investigated and resolved. Therefore, they exempt the OBJN of any participation whatsoever in any imbroglios concerning the content under consideration. All authors declare that they have no conflict of interest of financial or personal nature concerning this manuscript which may influence the writing and/or interpretation of the findings. This statement has been digitally signed by all authors as recommended by the ICMJE, whose model is available in http://www. objnursing.uff.br/normas/DUDE\_eng\_13-06-2013.pdf

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