

EXAMINATION OF QUALITY OF LIFE AND SEXUAL FUNCTIONS AMONG WOMEN WITH CERVICAL CANCER

PAKAI A¹, STUDINGER DP¹, SZABÓ-GABARA K², MADARÁSZ I², PUSZTAI D², MISZORY E²,
BONCZ I², KOZMANN K²

¹UNIVERSITY OF PÉCS, PÉCS, ZA, HUNGARY,

²UNIVERSITY OF PÉCS, PÉCS, HUNGARY

OBJECTIVES

The aim of our research is to assess the sexual function of women with cervical cancer after surgery or chemotherapy and radiation, and to observe the effects of cervical cancer on quality of life and treatment-related symptoms.

METHODS

Our quantitative cross-sectional survey was conducted between May and December 2021. The target group of non-random, convenience sampling is I-III. women with stage cervical cancer who underwent surgery, radiation and / or chemotherapy, and have a regular active sex life (n=115). Those who relapsed, metastasized, and refused participation were excluded from our survey. Our data collection method was an anonymous questionnaire consisting of self-edited questions and validated questionnaires. A validated questionnaire (EORTC QLQ-CX24) was used to assess the quality of life of patients with cervical cancer. Another, FSFI questionnaire was used, which shows sexual functions of women. Statistical experiments were performed using SPSS 25.0 and Excel Microsoft Office 365 software, descriptive statistics and two-sample t-test, Chi-square test, ANOVA, and Pearson correlation were used to analyse the data (p<0.05).

RESULTS

36.5% of the women interviewed in our study received radiotherapy, 33.9% received chemotherapy, and 93% underwent surgery. Most of them, 60% of the participants have sexual dysfunction. There was no significant difference in the total sexual function score of women in stage I and II-III (p=0.362). The mean score of the total sexual function (mean=16.56±9,445) of those receiving radiotherapy was significantly lower than the mean score of those who did not receive radiotherapy (mean=24.55±10,449) (p=0.001). Among the participants who experienced urinary retention problem after the treatments (72.7%), there was a significantly higher rate of sexual dysfunction (p=0.008).

CONCLUSIONS

Women with cervical cancer in our research have significant sexual dysfunction. Side effects after treatments also significantly impair the quality of life and sexual function.

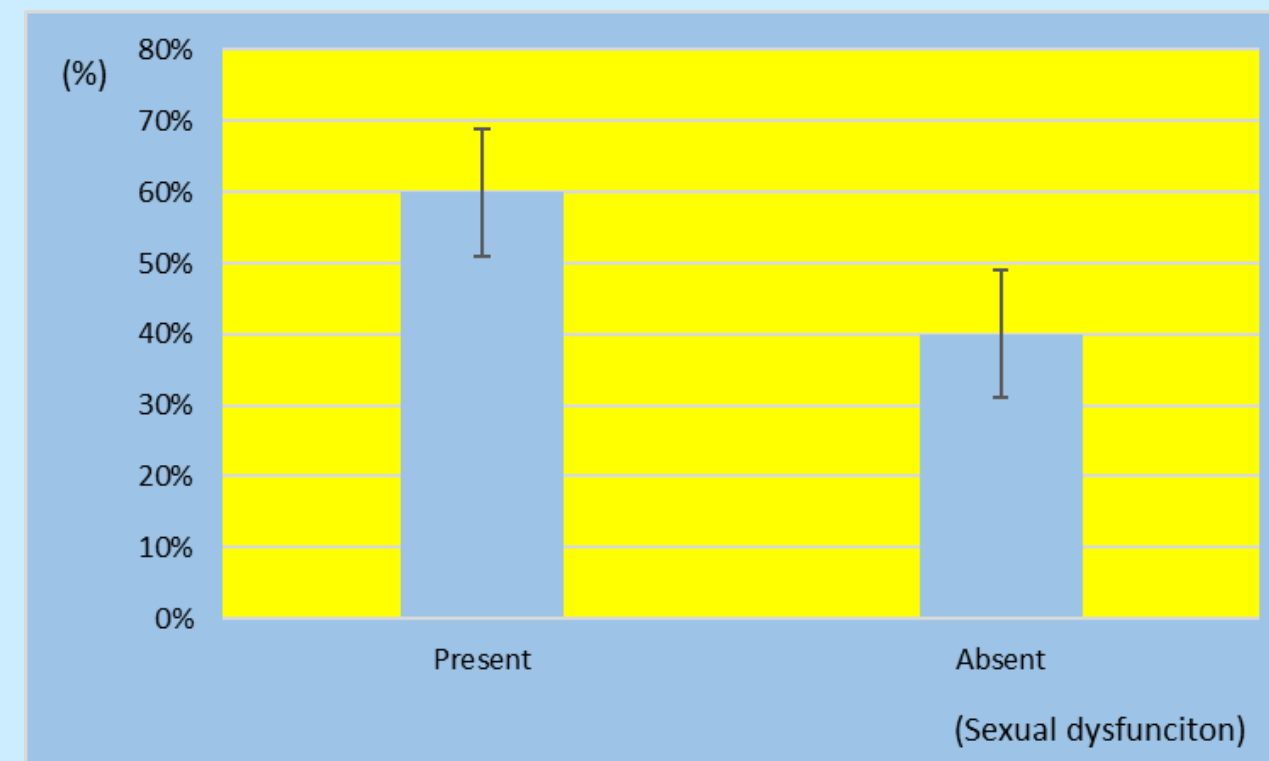


Figure 1.
Presence of sexual dysfunction (N=115)

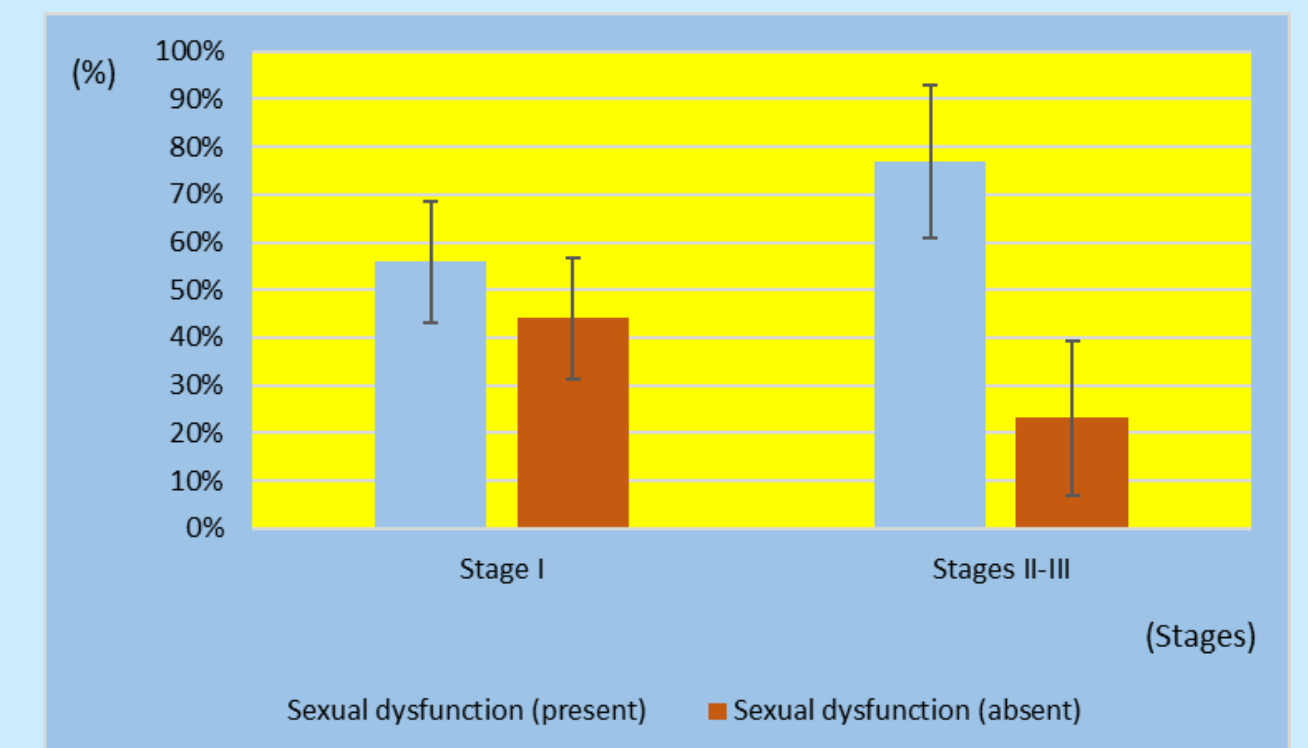


Figure 2.
Relation between cancer stages and the prevalence of sexual dysfunction (N=115)

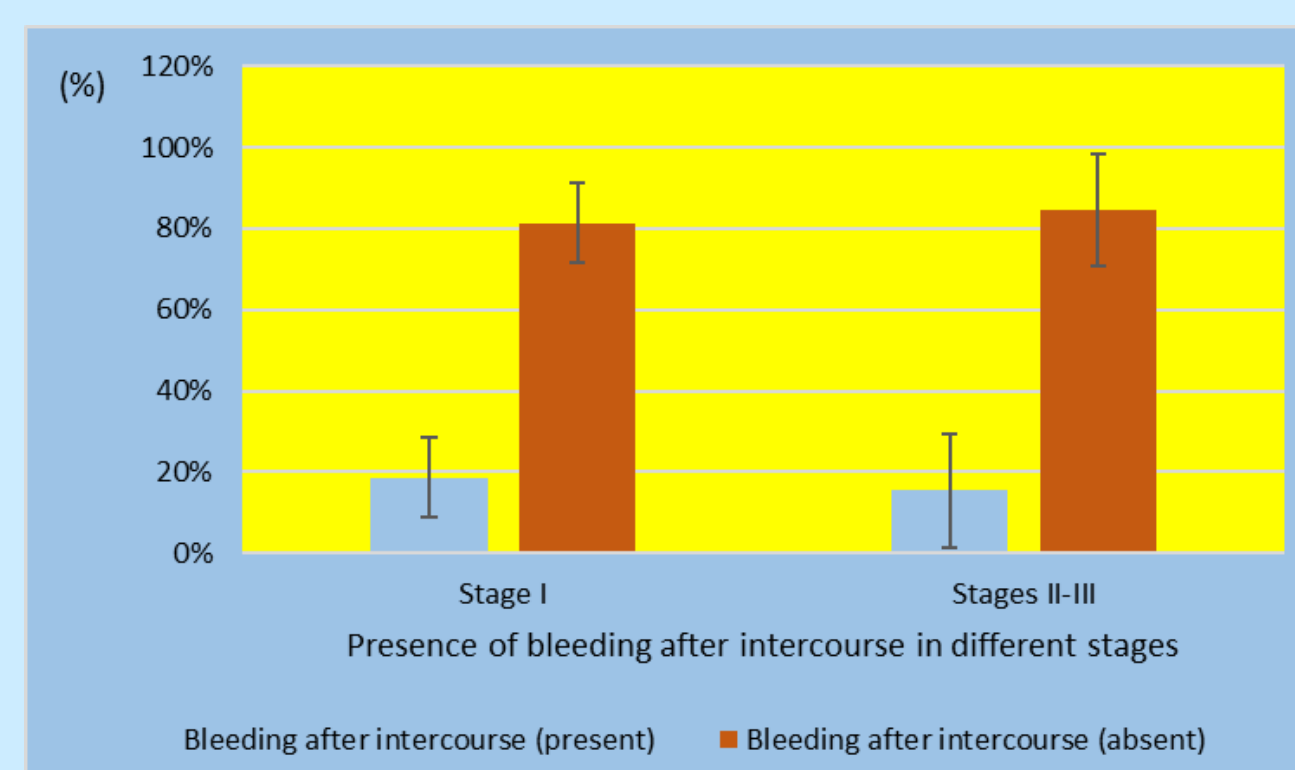


Figure 3.
Presence of bleeding after intercourse in different stages (N=115)

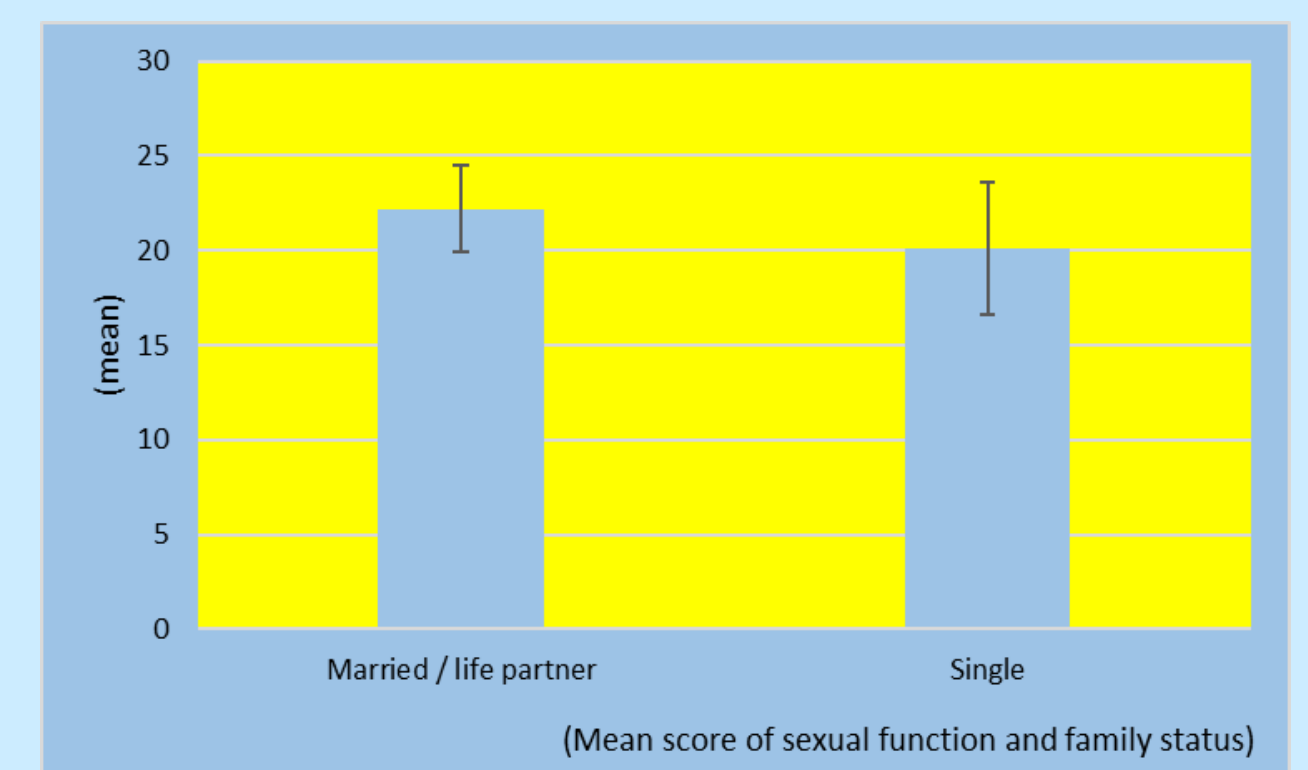


Figure 4.
Mean score of sexual function and family status (N=115)

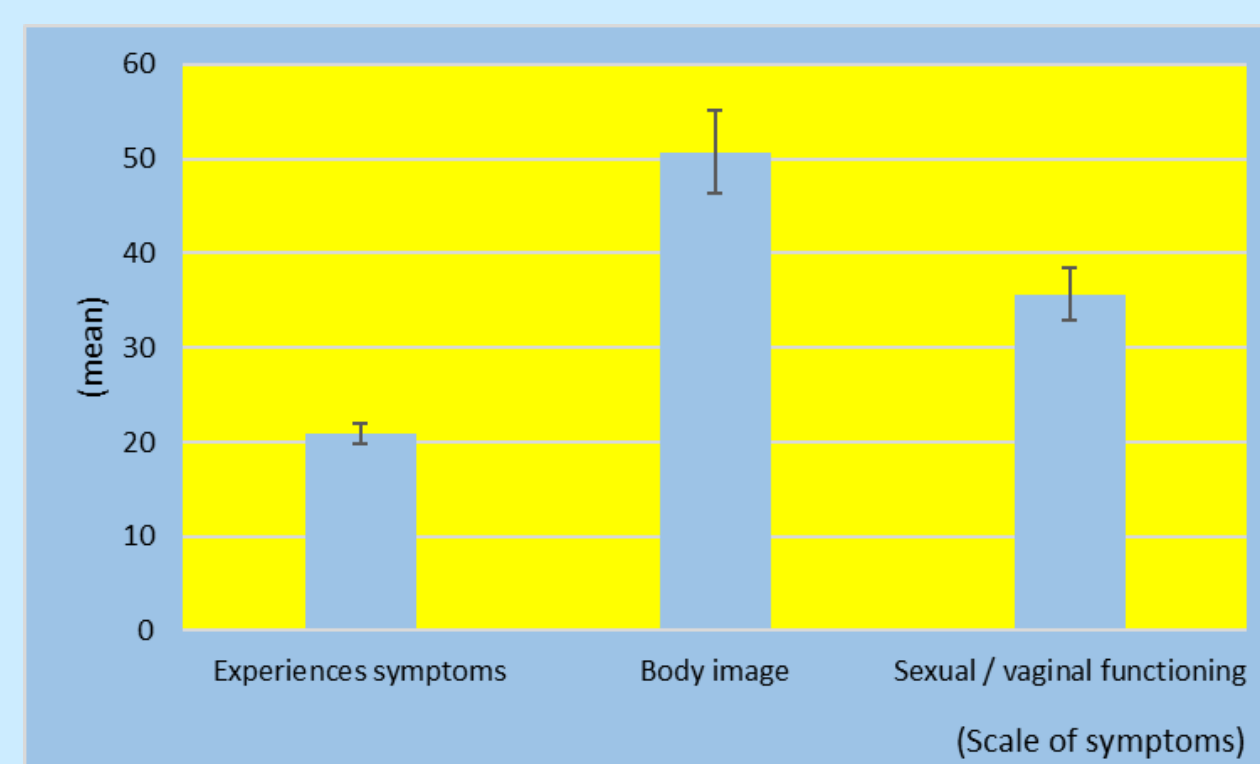


Figure 5.
Scale of symptoms (N=115)

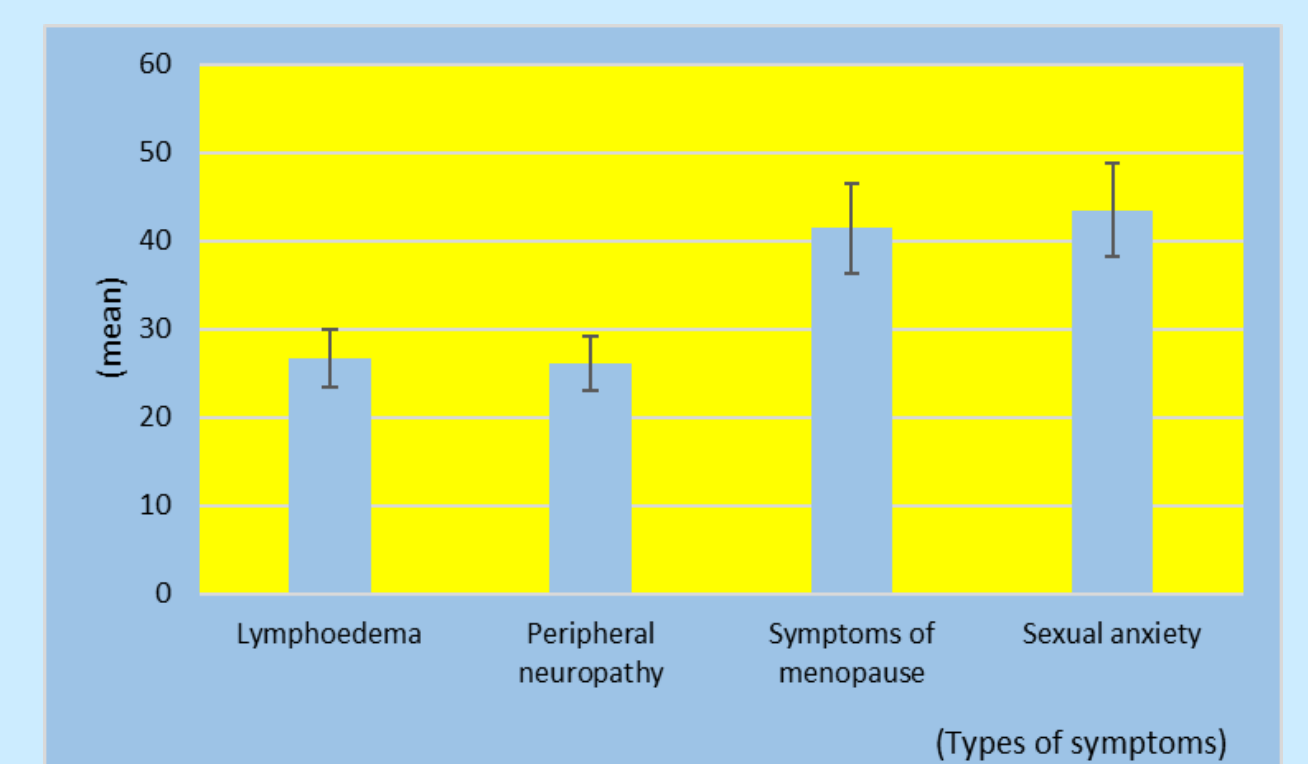


Figure 6.
Types of symptoms (N=115)

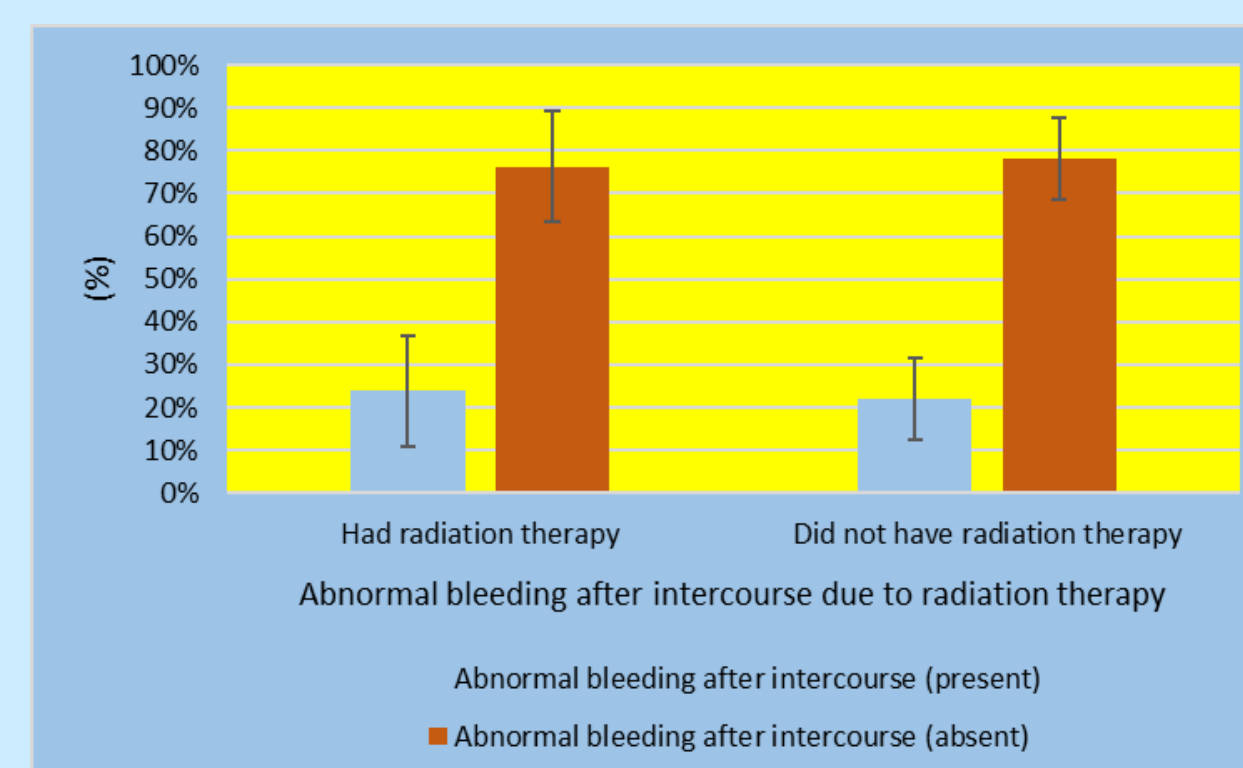


Figure 7.
Abnormal bleeding after intercourse due to radiation therapy (N=115)

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Corresponding author:

Dr. Imre BONCZ, MD, MSc, PhD, Habil
University of Pécs, Faculty of Health Sciences, Hungary
Institute for Health Insurance
E-mail: imre.boncz@etk.pte.hu

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