

# Perspectives on the Impact of Ovarian Cancer: Women's Views of Quality of Life

Betty Ferrell, RN, PhD, FAAN, Carey A. Cullinane, MD, Kate Ervin, BA,  
Cindy Melancon, RN, MN, Gwen C. Uman, RN, PhD, and Gloria Juarez, RN, PhD

**Purpose/Objectives:** To describe quality-of-life (QOL) concerns particular to women with ovarian cancer and to examine whether subgroups of patients with ovarian cancer have significantly different QOL concerns.

**Design:** Mailed survey.

**Sample:** Readership of an ovarian cancer newsletter.

**Methods:** A total of 1,383 surveys were received in response to the survey's inclusion in the November 2002 issue of *Conversations! The International Newsletter for Those Fighting Ovarian Cancer*, a monthly newsletter circulated to 3,300 women with ovarian cancer (response rate = 42%). Women were asked to complete the 45-item City of Hope QOL Ovarian Cancer Tool (QOL-OVCA) and a short demographic questionnaire.

**Main Research Variables:** Patients' QOL-OVCA scores were compared across six independent variables, including disease status, age at diagnosis, stage at diagnosis, marital status, household income, and use of alternative therapy, controlling for survival time.

**Findings:** Ovarian cancer survivors reported significant QOL concerns across dimensions of physical, psychological, social, and spiritual well-being.

**Conclusions:** Patients with ovarian cancer experience particular QOL concerns requiring support. Future research is needed to describe the needs of survivors in more diverse populations and to develop and test interventions that can address these QOL concerns.

**Implications for Nursing:** Women with ovarian cancer experience QOL concerns common to other patients with cancer and some that are particular to ovarian cancer. Nurses should assess for and aggressively address these QOL concerns.

Ovarian cancer is the leading cause of gynecologic cancer death in the western world, with an incidence of approximately 14 cases for every 100,000 women (Ries et al., 2005). A total of 22,220 new cases of ovarian cancer are estimated for 2005, making it the seventh most common cancer diagnosed in American women (Ries et al.). The management of newly diagnosed patients generally is dependent on the extent of disease defined during surgical staging and cytoreduction. Standard initial therapy subsequent to surgical resection and staging most often is five to six courses of systemic chemotherapy with a platinum and taxane regimen (Piccart et al., 2000). This treatment approach results in a complete clinical response to therapy in 70%–80% of patients with advanced-stage disease with amelioration of most presenting symptoms. Recent literature has supported the addition of systemic chemotherapy to surgical management in a spectrum of patients with early-stage ovarian cancer (Trimbos et al., 2003).

## Key Points . . .

- ▶ Ovarian cancer survivors report significant concerns related to pain and other symptoms.
- ▶ Fears of recurrence and of dying are prevalent in ovarian cancer survivors.
- ▶ Quality of life is influenced by patient factors, including age, stage of disease, and disease status.

Despite the often-seen dramatic clinical response to treatment, the disease will recur in 60%–85% of patients diagnosed with advanced disease. Unfortunately, no proven curative therapy exists for this group of patients, and the optimal treatment approach for those with residual disease or those who relapse after initial therapy remains unknown. A growing number of new chemotherapeutic agents active in recurrent advanced ovarian cancer have been successful at providing a clinical response or stabilization of disease and thus are allowing recurrent ovarian cancer to be treated as a chronic disease. Because of these advances in therapeutic modalities, the number of ovarian cancer survivors for whom primary goals are to maximize disease-free survival and maintain quality of life (QOL) is growing.

As such, survivorship issues are becoming increasingly important, warranting further inquiry into the effects and benefits of long-term treatment on QOL. A growing body of literature supports the notion that the effects of treatment and QOL concerns in survivors of ovarian cancer are similar to other cancer survivors but also include issues specific to ovarian cancer

*Betty Ferrell, RN, PhD, FAAN, is a research scientist at the City of Hope National Medical Center in Duarte, CA; Carey A. Cullinane, MD, is a surgical oncologist and director of cancer genetics for Breastlink Medical Group in Long Beach, CA; Kate Ervin, BA, is a medical student at the University of California, San Francisco; at the time this article was written, Cindy Melancon, RN, MN, was the editor of Conversations! The International Newsletter for Those Fighting Ovarian Cancer in Amarillo, TX; Gwen C. Uman, RN, PhD, is a partner for Vital Research in Los Angeles, CA; and Gloria Juarez, RN, PhD, is an assistant research scientist for the City of Hope National Medical Center. (Submitted November 2004. Accepted for publication February 23, 2005.)*

Digital Object Identifier: 10.1188/05.ONF.1143-1149