

Cervical Cancer: Patterns of Long-Term Survival

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Purpose/Objectives: To describe the quality of life (QOL) experienced by long-term survivors of cervical cancer and the factors that promoted their adaptation.

Design: Qualitative.

Setting: Homes and offices in the northeastern United States.

Sample: 19 women diagnosed with cervical cancer from 1975–1995.

Methods: Semistructured interviews were tape recorded. Interviewers asked the participants questions regarding their cancer experience, recovery, and long-term survival. Qualitative content analysis was used to identify themes that characterized participants' accounts. Participants varied in regard to how the themes were manifested in their accounts.

Main Research Variables: Meaning, impact on identity, impact on QOL, coping strategies, and future expectations.

Findings: Three distinct patterns of response emerged from participants' accounts of long-term survivorship with cervical cancer. Women categorized in the "moving on" pattern described their cancer as a difficult period taking place in the past, women in the "renewed appreciation of life" pattern focused on the positive outcomes of their cancer experience, and women in the "ongoing struggles" pattern emphasized the continuing negative outcomes of their cancer experience. Despite their overall distinctness, some common qualities in the patterns emerged, including the shock of the diagnosis, the pivotal role of healthcare providers, and the importance of support from family and friends.

Conclusions: Cervical cancer survival, for most of the study participants, brought with it some degree of long-term complications, with differences in reported QOL attributed to an ability or choice to reframe the cervical cancer experience.

Implications for Nursing: QOL and depression measures alone do not uncover embedded meanings of women's experiences with long-term survivorship. Clinicians can use a variety of interview probes and evidence-based psychosocial and educational approaches to assist the target population in the journey. Findings suggest that nurses play a key role in responding to cervical cancer survivors' unique experiences with illness and recovery.

Key Points . . .

- Questions exist regarding the psychosocial consequences of long-term survival from cervical cancer and the individual variability in perceived quality of life.
- Targeting the individual variability in responses to long-term cervical cancer survival through open-ended questions and interviews can enhance the understanding of this experience and reveal hidden meanings not evident in quantitative survey data.
- Although all study participants felt shock and fear at the time of their diagnosis with cervical cancer, most participants stated that printed information or others with whom to speak about their options, including healthcare professionals, was not readily available.
- All of the participants had expected to return to their normal lives and were unprepared for the long-term effects of the disease.

may further decrease the incidence. When diagnosed and treated early, cervical cancer is associated with some minimal disruption to women's lives (Andersen, 1995; Frumovitz et al., 2005; Jensen et al., 2004) with excellent chances of long-term survival. Later-stage diagnosis can include more complex and invasive treatment procedures and lead to a range of physical and emotional disabilities that can persist for years (Klee, Thranov, & Machin, 2000; Li, Samsioe, & Iosif, 1999). Little is known, however, about the long-term impact of this disease on survivors' lives.

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Cervical cancer is the third-most common cause of cancer deaths and second-most common cancer in women worldwide (Jemal et al., 2008), with some 11,150 new cases diagnosed in the United States each year (American Cancer Society, 2007). Cervical cancer is not associated with high rates of mortality in the United States (five-year survival is 70%) largely because of aggressive early identification strategies. The American College of Obstetrics and Gynecology's (2006) recommendations on use of the human papilloma virus vaccine, targeting females aged 9–26 years,