



Memorial Sloan-Kettering  
Cancer Center

# Update

IN GYNECOLOGIC ONCOLOGY

## A Prospective Study of Quality of Life in Patients Undergoing Pelvic Exenteration: Interim Results

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**P**elvic exenteration (PE) is a radical surgical procedure that involves removal of the reproductive organs along with the bladder (anterior PE), rectum (posterior PE), or both (total PE). Owing to changes in physical functioning, changes in appearance, and extensive recovery time, this procedure affects many aspects of quality of life (QOL). Unfortunately, few prospective data exist on QOL after PE. We undertook a prospective study that sought to characterize the physical and psychological functioning and overall QOL in patients undergoing PE using a comprehensive set of measures.

Patients eligible for this study were those scheduled for an anterior, posterior, or total PE, with at least 1 planned ostomy, for a recurrent pelvic malignancy. As there is currently no single comprehensive instrument with proven ability to assess all the relevant QOL domains in PE patients, we assembled a battery of measures with demonstrated efficacy in QOL assessment. We used 8 well-validated instruments (EORTC-QLQ-30, EORTC-CR38, EORTC QLQ-BLM-30, BFI, BPI-SF, IADL, CES-D, IES-R) to assess 35 QOL domains / items. This battery of tests was administered preoperatively and

again at 3, 6, and 12 months following PE. To examine the change over time in QOL, the mean scores of those patients who completed the interviews at the 4 time points were compared using repeated-measure ANOVA. A higher score on a function scale represents better functional ability, while a higher score on a symptom scale reflects worse symptomatology.

PE is an uncommon procedure necessitating a lengthy study period; therefore, we elected to conduct an interim analysis of participants enrolled to date who have completed 1 year of follow-up. This interim analysis summarizes the results thus far. Since 2005, 27 patients have been enrolled and have undergone PE for a variety of gynecologic malignancies. Three patients died of disease within 1 year of surgery, and 4 completed less than 1 year of follow-up. Of the remaining 20 patients, 16 (3 anterior, 1 posterior, and 12 total) were available for interview at the 4 time points; these patients formed the study cohort. Median age was 58 yrs (range, 28-76). Median time from initial diagnosis of the gynecological cancer was 29 months.

Overall QOL, body image, sexual function (Fig. 1) and ability to carry out daily activities (Fig. 2) all declined at 3 months

but returned to baseline by 12 months. Although overall physical function improved between 3 and 12 months, it did not return to baseline, and patients reported persistent increase in gastrointestinal symptoms (Fig. 3). Pain and fatigue levels did not change significantly during the study period, and by 12 months, greater than 80% of patients reported that their pain was about what they had expected or less. Stress-related ideation was highest at baseline and decreased significantly by 12 months, while depressive symptoms showed a non-significant decline over the study period. Overall, patient satisfaction increased over time; by 12 months all patients reported being moderately to highly satisfied with the information they had received and with their recovery time.

Although patients report lingering gastrointestinal symptoms and some residual decline in physical function after PE, most adjust well, returning to almost baseline physical and psychological functioning within a year. Providers can counsel patients to expect that many, though not all, symptoms experienced in the first 3 months following surgery are likely to improve, and that they can achieve a “new normal” as they adapt to their changed health status.

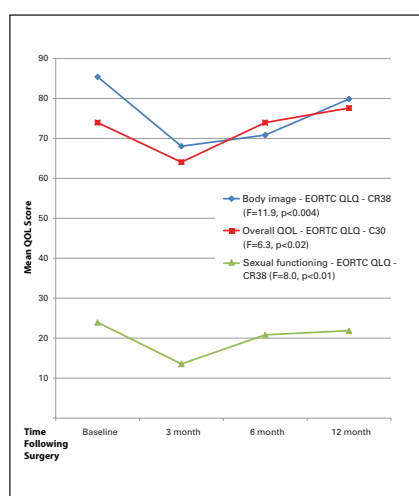


Figure 1: Overall quality of life, body image, and sexual function

EORTC QLQ-C30: European Organization for Research and Treatment of Cancer quality of life questionnaire; EORTC-QLQ-CR38: Colorectal cancer module of the EORTC QLQ.

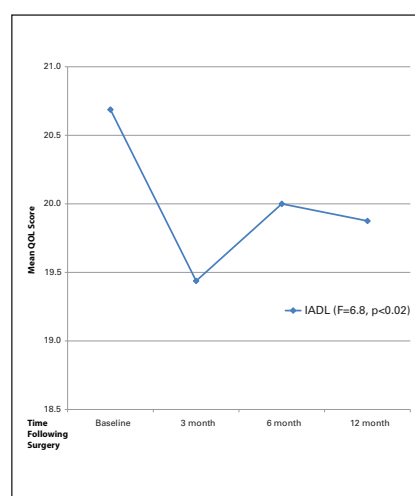


Figure 2: Instrumental Activities of Daily Living (IADL)

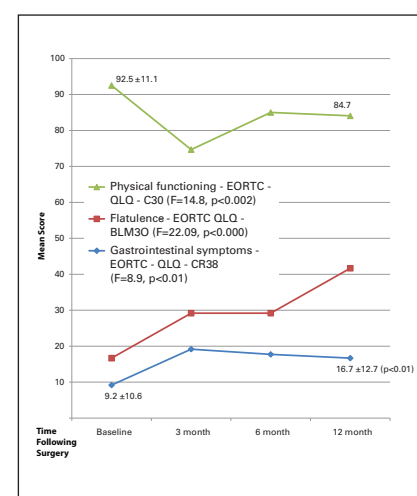


Figure 3: Physical functioning and gastrointestinal symptoms

EORTC QLQ-C30: European Organization for Research and Treatment of Cancer quality of life questionnaire; EORTC QLQ-BLM-30: Muscle invasive bladder cancer module of EORTC QLQ; EORTC-QLQ-CR38: Colorectal cancer module of the EORTC QLQ.