

Quality of Life in Colorectal Cancer Patients after 1 Year Surgery in Siriraj Hospital



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Introduction

Surgery is the definitive treatment of colorectal cancer to curative and relieve symptom. Patients had suffer from this procedure such as pain, discomfort, fatigue that affect to physical activity leading to postoperative complication. An assessment of postoperative quality of life (QOL) help regarding treatment decision, monitor symptom and predict survival of colorectal cancer patients. The aim of prospective study was to assessed QOL in coloectal cancer patients at 1, 6 and 12 months after surgery and examined factors associated QOL.

Materials and Methods

Seventy three colorectal cancer patients were enrolled in this study. Demographic characteristics and treatments data were collected by questionnaire. Quality of life were assessed by using Functional Assessment of Cancer Therapy- Colorectal (FACT-C). Patients were received FACT-C questionnaire on discharge day for the 1st survey. The authors send the same questionnaire for the 2nd and 3rd survey by mail. Quality of life data assessed by phone interviewed using the same questionnaire. Then patients returned the questionnaire to authors by mail.

Results

Mean quality of life domain in each survey were modulate to high except EWB and CCS score (table1). Compare QOL between 1 and 6 months after surgery found significant difference in EWB, FWB, CCS score, FACT-G and FACT-C score, P value <0.05 (table2). There were significant difference in EWB, CCS score, FACT-G and FACT-C score, P value <0.05 between 6 and 12 months (table3). Mean difference in FWB and CCS score were significant difference (P<0.05) between 1 and 12 months (table4). Assessment of factors associated QOL revealed 1 month after surgery male, older patients, leader status had lower CCS score, rectal cancer patients had low PWB. Sepsis, anastomosis leakage and DVT had lower FWB score. Six months after surgery male and patients who had low income had better PWB score than other group. Patients who had bachelor degree had EWB score lower than others. Patients who had wound infection had FACT-C score lower than others. Twelve months after surgery stage 3 and 4 colorectal cancer patients had low EWB, FWB, CCS and FACT-C score. Metastatic colorectal cancer into both liver and bladder had lower FWB, CCS and FACT-C score.

Conclusions

Quality of life in colorectal cancer patients were improve at 1 year after surgery. There were many factors associated QOL. The results of these study can be develop nursing practice guideline for colorectal cancer patients to improve quality of care.

Table1. Quality of life in each domain in colorectal cancer patients at 1, 6 and 12 months after surgery (mean±SD)

Quality of Life	Mean±SD		
	1 month (N=69)	6 months (N=57)	12 month (N=50)
Physical Well Being (PWB 0-28)	19.81±5.71	19.77±5.2	21.3±5.72
Social/Family Well Being (SWB 0-28)	23.84±3.71	23.12±4.1	23.18±3.77
Emotional Well Being (EWB 0-24)	17.2±5.25	8.11±4.95	17.66±4.53
Functional Well Being (FWB 0-28)	15±5.64	17.14±4.96	17.48±5.35
Colorectal Cancer Specific Concern (CCS 0-28)	18.46±3.95	12.47±2.76	19.46±3.81
FACT-G (0-108)	75.86±15.4	68.14±8.23	79.62±14.62
FACT-C (0-136)	94.32±18.06	80.61±9.57	99.08±17.39

Table2. Mean difference quality of life in colorectal cancer patients between 1 and 6 months after surgery (N=54)

Quality of Life	Mean±SD		
	1 month	6 months	P Value
Physical Well Being (PWB 0-28)	20.19±5.34	19.7±5.29	0.56
Social/Family Well Being (SWB 0-28)	23.83±3.41	23.06±4.19	0.16
Emotional Well Being (EWB 0-24)	17.02±5.27	8.22±4.87	0.00*
Functional Well Being (FWB 0-28)	15.19±5.53	17.06±5.07	0.02*
Colorectal Cancer Specific Concern (CCS 0-28)	18.15±3.85	12.39±2.79	0.00*
FACT-G (0-108)	76.22±14.61	68.04±8.13	0.00*
FACT-C (0-136)	94.37±17.28	80.43±9.5	0.00*

Table 3. Mean difference quality of life in colorectal cancer patients between 6 and 12 months after surgery (N=48)

Quality of Life	Mean±SD		
	6 months	12 months	P Value
Physical Well Being (PWB 0-28)	20.85±4.12	21.5±5.24	0.37
Social/Family Well Being (SWB 0-28)	22.81±3.95	23.15±3.84	0.50
Emotional Well Being (EWB 0-24)	7.48±4.53	17.75±4.61	0.00*
Functional Well Being (FWB 0-28)	17.69±4.21	17.54±5.45	0.82
Colorectal Cancer Specific Concern (CCS 0-28)	12.38±2.62	19.52±3.79	0.00*
FACT-G (0-108)	68.83±7.56	79.94±14.63	0.00*
FACT-C (0-136)	81.21±8.67	99.46±17.34	0.00*

Table 4. Mean difference quality of life in colorectal cancer patients between 1 and 12 months after surgery (N=46)

Quality of Life	Mean±SD		
	1 months	12 months	P Value
Physical Well Being (PWB 0-28)	20.46±4.99	20.8±5.67	0.66
Social/Family Well Being (SWB 0-28)	23.83±3.82	23.13±3.91	0.31
Emotional Well Being (EWB 0-24)	17.04±5.37	17.63±4.5	0.44
Functional Well Being (FWB 0-28)	14.91±5.45	17.5±5.57	0.00*
Colorectal Cancer Specific Concern (CCS 0-28)	18±3.82	19.26±3.89	0.04*
FACT-G (0-108)	76.24±13.73	79.07±15.02	0.19
FACT-C (0-136)	94.24±16.28	98.33±17.86	0.11

References

1. Kimberly Webster, David Cella and Kathleen Yost. The Functional Assessment of Chronic Illness Therapy (FACIT) Measurement System: properties, application and interpretation. Health and Quality of Life Outcomes. 2003; 1: 1-7.
2. Timothy R. Wilson, David J. Alexander. Measurement of health related quality of life in the early follow up of colon and rectal cancer. Dis Colon Rectum. 2006; 49: 1692-1702.
3. Zuzanne K. Chambers, Xingqiong Meng, Pip Youl, Joanne Aitken, Jeff Dunn and Peter Baade. A five year prospective study of quality of life after colorectal cancer. Qual Life Res. 2012; 21: 1551-1564.
4. Naomi Ito, Megumi Ishguro, Mitsuko Uno, Syunsuke Kato, Sayaka Shimizu, Riri Obata et al. Prospective longitudinal evaluation of quality of life in patients with permanent colostomy after curative resection for rectal cancer. JWOCN. 2012; 39(2): 172-177.