

Epithelial ovarian cancer survivors

Somatic and mental health, sexuality and quality of life studies

Astrid H Liavaag MD, PhD

Senior consultant

Gyn/ Obst. avd

Sørlandets sykehus, Arendal

4809 Arendal

e-mail : astrid.liavaag@sshf.no

Fakultetsdivisjon Det norske radiumhospital

Tid og sted for disputats 6. nov. 2009 Radiumhospitalet, Montebello, Oslo

Due to multimodal treatment the number of ovarian cancer survivors has increased during the last decades but more than two-thirds of the ovarian cancer cases present as advanced disease due to the lack of specific symptoms and suitable screening methods. Approximately 450 new cases are diagnosed annually in Norway and about 330 women die every year from ovarian cancer. The treatment is either surgery only or surgery combined with chemotherapy.

This thesis focuses on the lives of epithelial ovarian cancer survivors in order to find new results to improve the overall health and quality of life at long term. An amount of 189 epithelial ovarian cancer survivors, treated in The Norwegian Radium Hospital responded in 2004 to questionnaires covering somatic and mental symptoms and had different blood tests.

We found that the patients had significantly more somatic and mental morbidity, lower levels of sexual pleasure, higher levels of sexual discomfort, and at increased risk of metabolic syndrome compared to controls. A single question concerning self-rated health last week were used as a quick screening method for collecting important information, and we found that the patients with “poor self-rated health” had higher levels of somatic and mental symptoms than those with “good self-rated health”.

Altogether our findings showed that a considerable part of the epithelial ovarian cancer survivors were long-term survivors, but they pay a price of reduced health and quality of life many of them permanently. Although they seem to have a strong ability to adaptation to changing health, our findings of patients subjective evaluations of their symptoms and lives may encourage general practitioners, gynaecologists, and oncologists to be attentive to their complaints at follow-up consultations, as therapeutic options may be available, and not only remind them that they are “lucky” to be alive.