

Quality of Life of Patients with Advanced Stage Ovarian Cancer from Sanglah Hospital Denpasar: Serial Case Report

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ABSTRACT

Background: Ovarian cancer is one of the malignancies in women, although it is not contagious, the cases continue to increase. Most ovarian cancers are diagnosed at an advanced stage (stage IIIc or IV). Patients with ovarian cancer can reduce their quality of life, especially at an advanced stage. The quality of life of patients is not only part of the natural history of ovarian cancer, but is also related to the therapy they receive. Especially the administration of chemotherapy or cytostatic drugs.

Methods: This is a report of two cases of the advanced stage of ovarian cancer which were treated in the gynecological oncology room at Sanglah Hospital, Denpasar. The decrease in quality of life in patients with ovarian cancer is illustrated in the case.

Results and Discussion: In the first case, a woman, aged 20 years, complained of abdominal pain and difficulty eating with a history of ovarian cancer. Patients diagnosed with axis 3 with Ovarian Ca post SOD, multiple nodules in the right lung due to metastases, post taping ascites, anemia, and hypoalbuminemia. Patients also experience hypovolemic shock, melena, etc. suspension. SRMD dd/ erosive gastritis. In the second case, a female patient, aged 32 years, was admitted on the 7th day due to abdominal pain, difficulty urinating with a history of ovarian cancer. Patients diagnosed with axis 3 with Ca Ovarian advanced stage, post-SOS, suspected metastases to the left pelvic sidewall, urinary retention after open cystostomy, mild anemia, pain-related neoplasms. Both patients conducted an assessment of the quality of life using the EORTC QLQ-C30 questionnaire. The majority of patients answered the number 4 for each question, which means that the patient is very difficult to carry out basic activities and functions of life. Patients must also be assisted for all activities. Patients choose the number 1 for the quality of health and quality of life which means very bad in this 1 week.

Summary: The quality of life of two cases of advanced-stage ovarian cancer treated in the gynecological oncology room at Sanglah Hospital, Denpasar was poor. It is associated with pain, difficulty performing activities, and basic life functions.

Keywords: Ovarian cancer, quality of life, QLQ-C30 EORTC questionnaire.

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I. INTRODUCTION

Cancer is one of the non-communicable diseases and the cases continue to increase. It is estimated that during the period 2007-2030, the number of deaths from cancer increased by 45% or from 7.9 million cases to 11.5 million cases of death [1]. One type of cancer that causes the main cause of death in women is ovarian cancer. [2] Ovarian cancer is one of the third most common gynecological malignancies worldwide after cervical cancer and breast cancer [1], [2]. The incidence of ovarian cancer in East Asia is reported to be higher than the incidence in Eastern Europe and Central Europe, which is less than 12 women per 100,000 population [1]. While in Indonesia, it is estimated that around 100 people

with cancer are found in 100,000 population [2].

In Indonesia, ovarian cancer is included in the 6 types of cancer cases, namely cervical, breast, colorectal, skin, and lymphoma cancers. The incidence of ovarian cancer in the first 5-year survival rate of patients Indonesia is estimated to be around 6.2% [3]. The incidence of ovarian cancer increases with age. The average age of patients with ovarian cancer is 63 years of which 70% of cases are cases of advanced ovarian cancer [1]. Ovarian cancer is associated with the lowest five-year survival rate compared to other types of gynecologic cancer [3]. with ovarian cancer advanced ovarian cancer is only 20-30%. Early diagnosis and good management at an early stage can increase the five-year life expectancy by up to 85% [2].

Most patients with ovarian cancer are diagnosed at an

advanced stage (stage IIIC or IV). One of the factors is that there is no adequate screening method and the early clinical symptoms of ovarian cancer are not typical [4]. The low life expectancy of ovarian cancer is also associated with the anatomical location that is located deep in the pelvis so that it is difficult to detect, causing the diagnosis of ovarian cancer to depend heavily on knowledge of the profile of ovarian cancer sufferers in an area [1]. Ovarian cancer is associated with a poor prognosis and high mortality rate. Although ovarian cancer has a lower prevalence than breast cancer, ovarian cancer is three times more deadly and it is estimated that by 2040 the mortality rate for ovarian cancer will increase significantly [5].

Symptoms that appear can reduce the quality of life of patients with ovarian cancer. In addition, many cancer survivors also have at least one other medical comorbidity that influences the progression, chronicity, and complexity of the disease. It even affects the treatment process, the course of cancer itself, and the quality of life of the patient [6]. The quality of life of cancer patients can also be affected by the therapy they receive. The patient's quality of life is very subjective and can only be measured by the patient himself [3].

Quality of life is one of the parameters of therapeutic outcomes in cancer patients [7]. Concerns about physical, psychological, body shape, and symptoms that cause distress need to be anticipated immediately to improve the quality of life of cancer patients. Improving the quality of life of cancer patients also increases patient compliance with care, treatment and provides support to overcome various symptoms or complaints experienced by cancer patients [8].

One of the modalities of cancer therapy is chemotherapy or the administration of cytostatic drugs. However, the administration of cytostatic drugs significantly affects the quality of life of patients [3]. Side effects arising from chemotherapy have an impact on the functional status of cancer patients [5]. Side effects of chemotherapy have an impact on reducing the quality of life of patients. This can be seen by looking at the quality of life score based on measurements using the Short Form-12 (SF-12) questionnaire in cancer patients receiving chemotherapy [3]. The increasing incidence of ovarian cancer is mostly detected in the elderly. This has an impact on the treatment given so that it affects the quality of life of cancer patients. Therefore, it is necessary to assess the quality of life of patients with advanced ovarian cancer as part of the treatment of ovarian cancer. On this occasion reported the quality of life of two cases of ovarian cancer.

II. CASE AND DISCUSSION

A. Case I

The first case was found while being treated in the Gynecology Oncology treatment room at Sanglah Hospital Denpasar on September 29, 2021. The patient had been hospitalized for 20 days due to abdominal pain and weakness. The patient had a history of ovarian cysts and had surgery with malignant results. The patient was 20 years old, this time complaining of abdominal pain and difficulty eating with a history of ovarian cancer. When interviewed, the patient was

in a semi-sitting position on his bed, his body was covered by a blanket, he wore a brown top, had an IV in his left hand, his body looked very thin. His facial expression looks older than his actual age, looks uncomfortable as if he is in pain. Fingernails and toenails look cut, not dirty.

The sufferer opens his eyes after being called several times. Can say his name, where and who is waiting for him. Somewhat difficult to answer during the examination. Can answer questions during the interview in a low voice and take a few minutes to respond. Feeling weak and abdominal pain for the past few months. It has been almost 3 weeks of being treated at Sanglah Hospital with a referral from the previous hospital in Manggarai, East Nusa Tenggara. Since junior high school, he has often felt uncomfortable in his stomach, when in high school he was checked by the nurse in his area, it was said to have a urinary tract infection, he was treated better, he was able to go to school and college without any restrictions on activities, as a hobby volleyball can be done. There are no complaints of menstrual disorders, only sometimes abdominal pain occurs but it can still be overcome with over-the-counter medicines. The patient is still in college but since January 2021, he has been unable to go to college anymore because of this illness. The patient began to notice that his illness was severe since May 2021. While being treated at the regional hospital, the patient had dropped and his condition had greatly decreased. Due to limited facilities, patients were referred to Sanglah Hospital in Denpasar but could not leave immediately due to administrative constraints on travel requirements, so they could only arrive in early September 2021 in Denpasar. While sick, the patient was cared for by his older brother. The patient is the third child of three siblings. Patients feel the pain is difficult to heal and getting worse. Sometimes sufferers see things that other people don't see, such as the shadows of their parents or siblings in East Nusa Tenggara. Patients also have difficulty eating, can eat little by little, want to drink milk but do not run out. At night sometimes I can sleep even though sometimes I wake up. According to his brother, the patient has been unable to carry out activities as usual since early 2021, her condition is deteriorating, and was referred in various ways. Finally, he was able to arrive at Sanglah Hospital, but because he was already sick, he looked thinner. The patient has been receiving treatment since junior high school, but not intensely, and only went to the hospital after the condition was severe. The patient since high school has accompanied his older brother to live in Manggarai to attend school. Sufferers are cheerful, active, and have many friends. Have a girlfriend who still calls often to encourage sufferers. The patient's older sister who has taken the patient since she was sick, due to work and has been absent from work for a month, will be replaced by her older sister because the patient is unable to move much due to his illness. The sufferer's sister repeatedly regrets the delay in her sister's treatment process due to limited facilities in the place where they live. Patients also rarely complain, feel like they don't want to bother their family so they can endure the pain that is continuing to be felt.

Psychiatric status obtained a general impression that the appearance looks uncomfortable, the facial expression is older than age with sufficient verbal and visual contact. Clear consciousness, behavior, and psychomotor activity just lying

in bed and daily activities assisted by family. Dysphoric mood, broad effect, congruent. Thought processes: logical realism, coherent thought flow, pre-occupational thought content of pain. Perception of visual hallucinations impressions are present, illusions, depersonalization, derealization are absent. The patient has insight 5 where the patient knows the illness and the cause of the illness but does not try to take treatment for fear of troubling the family.

The patient was diagnosed with axis 3 with Ovarian Ca post SOD (right salphyngo-oophorectomy), multiple right pulmonary nodules due to metastases, ascites, mild anemia, and hypoalbuminemia. The patient also experienced hypovolemic shock and melena possibly caused by stress-related mucosal damage (SRMD). In the quality of life assessment using the EORTC QLQ-C30 questionnaire assessment instrument, the majority chose number 4 for each question. This means that the patient has very difficulty carrying out activities and basic functions of life. Patients must also be assisted for all activities. Patients choose the number 1 for the quality of health and quality of life which means very bad in this 1 week.

B. Case II

The second case was met by the author in the gynecological oncology treatment room at Sanglah Hospital Denpasar on September 30, 2021. The patient was a 32-year-old woman, hospitalized on the 7th day for abdominal pain, difficulty urinating. The patient was treated with a diagnosis of ovarian cancer.

The patient was interviewed in a lying position on his bed, his lower body covered with a blanket wearing a white top, with an IV in his left hand. The patient's body looks very uncomfortable. The facial expression looks age-appropriate, looks uncomfortable as if holding back pain. The nails of both hands and feet look neatly trimmed.

The patient immediately turns when his name is called, can say his name, where, and who is waiting for him. The sufferer can answer questions during the interview in a clear, normal voice. The patient has had abdominal pain for several months. The patient has been hospitalized for 1 week at Sanglah Hospital. Previously, an operation was carried out to expedite his urination which was not smooth. The patient is now urinating with a tube, the pain is still felt until the patient cannot sleep and feels no appetite. Patients also feel sad and confused because there is damage to the radiation equipment so chemotherapy will be done first. The previous patient was a housewife who worked in sales to help the family's economy. Has 3 children who were forced to be left without their parents at home because their husband accompanied the patient to be treated. The patient's activities have been disrupted for about 3 months. Eating must be helped because it is difficult to move due to pain and swelling in the lower abdomen. Sufferers also feel hopeless, such as hard to recover and feel that the future for themselves and their families is bleak. Sufferers sometimes can't stand the pain until they want to die but remember their children so they try to survive. You can sleep at night but wake up because of the pain. Eat a little can. Sometimes sufferers also feel very emotional due to this pain. The patient knows the pain has gotten worse for 2 months. About 3 months ago, he felt pain again and started treatment again, and it was known that the pain had spread so

that it interfered with his urination. The patient is very sad, thinking about his condition, and is very disturbed by pain and difficulty urinating, at this time his stomach and genitals are also swollen, making the patient unable to carry out activities anymore. There is no history of seeing or hearing anything that no one else has seen or heard.

Psychiatric status obtained a general impression that the appearance looks uncomfortable, age-appropriate facial expressions with sufficient verbal and visual contact. Clear awareness, behavior, and psychomotor activities just lying in bed and daily activities assisted by her husband. Dysphoric mood, broad effect, congruent. Thought processes: logical realism, coherent thought flow, pre-occupational thought content of pain. Perception of visual hallucinations, illusions, depersonalization, derealization absent. The patient has insight 5 where the patient knows the pain and the causes of the pain and tries to take treatment.

The patient was diagnosed with Axis 3 with advanced ovarian cancer after the left Salphyngo-oophorectomy was performed. Ovarian cancer has metastasized to the left pelvic sidewall, accompanied by post-open cystostomy urine retention, mild anemia, pain-related neoplasms. In assessing the quality of life using the EORTC QLQ-C30 questionnaire, it was found that the majority of patients answered number 4 for each question in one week, which means that the patient was very difficult to carry out basic activities and functions of life. Patients must also be assisted for all activities. Patients choose number 2 for the quality of their health and quality of life which means bad in 1 week.

III. CONCLUSION

Ovarian cancer is one of the third most common gynecological malignancies worldwide after cervical cancer and breast cancer. Most of the new ovarian cancer patients are diagnosed at an advanced stage (stage IIIC or IV). One of the factors is inadequate screening tools and the lack of clinical symptoms in the early stages of ovarian cancer.

Ovarian cancer is associated with a poor prognosis and a high mortality rate. Quality of life is one of the parameters of therapy outcome. Another instrument to measure the quality of life is the EORTC QLQ-C30 (European Organization for the Research and Treatment of Cancer). EORTC QLQ-C30 is a questionnaire consisting of 30 items that were developed to assess the quality of life of cancer patients. Based on measurements made on 2 patients who were treated at Sanglah Hospital, the results showed that the high numbers were selected as a result of pain and activity limitations felt by patients with advanced ovarian cancer, by following per under the results of previous studies.

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