Cervical Cancer: Patterns of Long-Term Survival

Donna A. Clemmens, PhD, RN, Kathleen Knafl, PhD, FAAN, Elise L. Lev, EdD, RN, and Ruth McCorkle, PhD, FAAN

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.

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, 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, & Isosif, 1999). Little is known, however, about the long-term impact of this disease on survivors’ lives.

Donna A. Clemmens, PhD, RN, is an assistant professor in the College of Nursing at New York University in New York; Kathleen Knafl, PhD, FAAN, is a professor in the School of Nursing at Oregon Health and Science University in Portland; Elise L. Lev, EdD, RN, is an associate professor in the College of Nursing at Rutgers University in Newark, NJ; and Ruth McCorkle, PhD, FAAN, is a professor in the School of Nursing at Yale University in New Haven, CT. This research was supported by the Connecticut Department of Health; Surveillance, Epidemiology and End Results; and National Institutes of Health (grant no. 2001-345; R. McCorkle, principal investigator). No financial relationships to disclose. (Submitted January 2008. Accepted for publication February 21, 2008.)