

Survivorship Issues in Ovarian Cancer: A Review

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Purpose/Objectives: To review what is known about survivorship issues for women after ovarian cancer treatment while identifying gaps and controversies.

Data Sources: MEDLINE®, CINAHL®, and CancerLit database searches using the key words *ovarian cancer*, *quality of life (QOL)*, *chronic care*, *coping*, *uncertainty*, and *survivor* separately and in combination.

Data Synthesis: Data were categorized into psychosocial, QOL, and physical symptoms and reviewed for design, sample size, method, and outcome.

Conclusions: Ovarian cancer studies focus on women's symptoms and concerns during treatment. Needs and issues of long-term survivors lack exploration. The relationship of ovarian cancer survivorship and physical side effects of treatment or recurrence is insufficient given increasing survival rates.

Implications for Nursing: The nature and management of physical symptoms, beyond pain, in ovarian cancer survivors need further study. Specifically, QOL and psychosocial issues for long-term survivors require study. Consequences for women who undergo major tissue debulking or multiple and aggressive courses of cytotoxic treatments must be understood to facilitate intervention.

Key Points . . .

- Few studies of symptoms other than pain that alter comfort and quality of life after treatment for ovarian cancer have been conducted.
- Studies of patients with stage I or II ovarian cancer are scarce.
- Improved survival for ovarian cancer after treatment warrants a new emphasis in research.

article is to review what is known about distressful physical symptoms, other than pain, that pose survivorship issues for women after ovarian cancer treatment.

The literature sources for the review represent systematic searches of three major literature databases: MEDLINE®, CINAHL®, and CancerLit. Primary searches of the text words *ovarian cancer*, *quality of life*, *chronic care*, *coping*, *uncertainty*, and *survivor* led to articles that reported research methods and results. A total of 32 studies published from 1983–2005 provided the basis for the review. The studies included a mixture of qualitative and quantitative approaches and used a variety of instruments and interview formats. Fewer than 10 identified a conceptual framework, but they had no consistency. Several review articles provided valuable additional references (Andersen, 1993, 1995; Auchincloss, 1995; Dow, 1995; Fish & Lewis, 1999; McCartney & Larson, 1987; Montazeri, McEwen, & Gillis, 1996; Ozols, 1995).

Common omissions in most research reports were time since patients' diagnoses with ovarian cancer and current status of treatment. Only five articles clearly addressed long-term (more than five years) ovarian cancer survivors (see Table 1). A nationwide study conducted in Canada (Fitch, Gray, & Franssen, 2000, 2001) provided the only comparison report of differences between age groups of women with ovarian cancer. A qualitative study of five women specifically examined the ovarian cancer experience in childbearing-aged women (Schaefer, Ladd, Lammers, & Echenberg, 1999).

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More effective and less toxic chemotherapy regimens introduced since the 1970s steadily have boosted the survival rate for women with primary invasive ovarian cancer (National Cancer Institute [NCI], 2004). The numbers of women living five years or longer after diagnosis are significant, increasing from 37% in 1976 to an estimated 45% in 2006 (American Cancer Society [ACS], 2006). Gynecologic oncologists attribute survival improvements to advanced surgical techniques, with optimal debulking surgery consequently maximizing the effectiveness of postoperative therapies. Despite an increase in longevity, surviving ovarian cancer often brings an array of unpleasant side effects and major compromises in quality of life (QOL). However, the body of research findings specific to ovarian cancer survival is limited.

Those who care for ovarian cancer survivors recognize that symptom management, along with the distress of long-term treatment effects, seriously affects life satisfaction and quality. Symptoms after therapy and their negative effects on QOL following other types of cancer treatment are well documented in the research literature. Pain has been studied extensively in populations that include patients with ovarian cancer (Ersek, Ferrell, Dow, & Melancon, 1997; Miaskowski, 1996; Steginga & Dunn, 1997). Receiving less attention are studies of symptoms other than pain that alter comfort and QOL after treatment for ovarian cancer. Therefore, the purpose of this