

POSTMASTECTOMY LIFE QUALITY IN PATIENTS WITH BREAST CANCER IN KHARTOUM

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Abstract:

Background: Mastectomy affects female's life quality and females after mastectomy require long term support. The aims of this prospective study were to evaluate the quality of life and achievements in patients with breast cancer after mastectomy and to throw some light on the prognosis of breast cancer in Sudanese patients.

Methods: One hundred sixty two patients were enrolled during the period 1995- 2008. Quality of life questionnaire was used for data collection. Patients were followed for 1- 14 years with a mean of 4 ± 2 years.

Results: The overall 5-year survival was 90%. Overall satisfaction was good (75%). However, seventy-seven percent (77%) were unsatisfied with their body image in the first month of follow up but this improved gradually. Depression and anxiety occurred in 25% but decreased to 15% after 3 years. Sexuality was not affected by mastectomy. A good number of patients had good achievements in terms of child birth and spiritual achievements.

Conclusion: The quality of life was affected negatively in patients with mastectomy in terms of body image but the overall quality of life was not affected significantly.

Introduction

Breast cancer is a potentially deadly disease affecting one in eight women⁽¹⁾. The breast is considered as an attribute of femininity, maternity and sexuality⁽²⁾, therefore, its loss as a remedy for breast cancer might be followed by some sort of affection of quality of life being. Women after mastectomy require professional long-term support; this need should result in the enhancement of services provided in relevant woman's support groups. When evaluating holistically the life of woman after mastectomy, all spheres of every day functioning should be taken into account: physical, cognitive, emotional and social⁽²⁾. In a study where 90 women underwent bilateral prophylactic mastectomy (BPM), no negative effects were noticed on anxiety, depression and quality of life, but a negative input on sexuality and body image was reported⁽³⁾. In Germany in 315 women with early stage breast cancer, whereas some very specific benefits of breast conserving therapy (BCT), such as better body image, were already visible very timely after completion of therapy, benefits in

broader measures such as psychosocial well-being and overall quality of life gradually increased over time and became fully apparent only in the long run⁽⁴⁾. After a year, there was no statistical difference in social, sexual relationships and quality of life among reconstructed and healthy women. Regarding anxiety, no statistical difference was found between patients underwent reconstructive surgery and mastectomy groups. Depression was more in mastectomy group than in the reconstructed group⁽⁵⁾. Breast reconstruction after primary and secondary mastectomy is an important contribution in order to improve the self esteem and patient's quality of life. Furthermore, it plays an essential role in coping with the psychological effects of breast cancer⁽⁶⁾.

In 370 patients who had breast conserving therapy, health related quality of life (HRQOL) was evaluated. Physical functioning, role functioning and sexual functioning were decreased in patients being older at therapy (>65 years), therefore women of different age treated with BCT for breast cancer should be considered at a different risk level for HRQOL disturbance at long term follow up in both physical and psychological dimensions⁽⁷⁾. There is still no evidence that women with breast cancer who undergo BCT have less psychiatric morbidity after treatment than those who undergo mastectomy⁽⁸⁾. Quality of life after breast carcinoma surgery was studied after three surgical procedures: BCT, mastectomy alone or mastectomy with reconstruction. Aspects of quality of life (QOL) other than body image were not better in women who underwent BCT or mastectomy with reconstruction than in women who had mastectomy alone. In fact mastectomy with reconstruction was associated with greater mood disturbances and poorer wellbeing⁽⁹⁾. The psychosocial impact of type of primary surgery for breast cancer occurred largely in areas of body image and feeling of attractiveness, with women receiving lumpectomy expressing the most positive outcome. Beyond the first year after diagnosis, the woman's quality of life is most likely influenced by her age or exposure to adjuvant therapy than by her breast surgery⁽¹⁰⁾. Mastectomy and BCT have proved equally effective in terms of survival in early breast cancer, but studies continue to provide evidence that patients undergoing BCT have a better QOL. Age is not considered to be a contraindication for BCT, but retrospective studies have indicated that elderly patients are less likely to be treated conservatively⁽¹¹⁾.

Positive outcome following prophylactic mastectomy include decreased emotional concern about developing breast cancer and generally favourable psychological and social outcomes. These must be weighed against the irreversibility of the decision, potential problems with the

implants and reconstructive surgery and occurrence of adverse psychological and social outcomes in some women⁽¹²⁾.

The World Health Organization (WHO) reported in 2005, that cancer killed approximately 22000 in Sudan; 17000 of them were under the age of 70. Breast cancer was the top of 10 leading causes of cancer death in Sudan⁽¹³⁾. The number of cancer patients in Sudan between the years 2000 and 2007 were estimated as 27000 headed by breast cancer affecting 4892 patients, equivalent to 17.5%; the latter formed 34% of all female cancer⁽¹⁴⁾. The overall 5-year survival of patients with breast cancer is approximately 75%⁽¹⁵⁾.

The quality of life and achievements in patients with breast cancer after mastectomy were evaluated.

Methods

This prospective study was conducted in the medical and health services centre of the University of Khartoum in the period 1995 to 2008.

A review of the literature was undertaken by searching the medline database related to the topic without language restriction.

One hundred sixty two consecutive patients were enrolled in this study. Patients' personal data, general health and illness perception and McGill Quality of Life Questionnaires⁽¹⁶⁻²⁶⁾ were used for data collection from patients including body image, sexuality, emotional reaction (anxiety and depression), functional well-being, cognitive and social functioning and function perspective.

Patients were followed after mastectomy for 1- 14 years (mean 4 ± 2) years.

Exclusion criteria were male patients, patients with inoperable cancer and patients unable to continue follow up.

Collected data were analysed using statistical package for social sciences (SPSS).

Results

One hundred and sixty two (162) women with breast cancer were included in the study. The mean age was 50 ± 9 years with a range of 21- 80 years. Geographically all states of the Sudan, but was no single patient from the 10 southern states, were represented. Twenty five patients (15%) were single and among the married women, 87% had children. Right and left side were involved almost equally. Family history of breast cancer was positive in 31% of patients. Mastectomy was done for all patients. No operative mortality was reported in this study and the overall five years survival rate was 90% with a mortality of 16 patients; who

lived for 6 months to 14 years after mastectomy with a mean of 3.5 ± 2.9 years. According to Sudan National Cancer Control Committee, 53% had early breast cancer (Stages I, IIa and IIb). One hundred and two women responded to the General Health, Illness Perception and Quality of Life Questionnaires. The overall satisfaction was good in 77 women (75%). Seventy nine patients (77%) were unsatisfied with their body images initially but improved over time. Depression and anxiety were found in 25% of the patients within the first three months after mastectomy but decreased to 15% after three years of follow up. Sexual pleasure was not affected by mastectomy and most of the patients became more active and satisfied sexually over time. Regarding functional wellbeing, spiritual and cognitive achievements, 24 (23%) patients were able to go for pilgrimage or Omra and 4 (3%) patients had children after mastectomy. Three patients had high academic qualification and/or career promotion. In this study, no single patient was divorced after being diagnosed as having breast cancer or after mastectomy.

Discussion

Breast cancer is the commonest malignant disease in women. There is a real controversy regarding its treatment especially the surgical part. Both patients and their treating surgeons will be in a dilemma about what to do: mastectomy or breast conserving therapy? In this study, quality of life post mastectomy was assessed in 102 women. The overall satisfaction was good and was even improving gradually by time. This is similar to reports from other studies^(6, 8).

The patients are likely to be worried about their disease initially but their worries regress as time goes. The most common cause of unsatisfaction was body image after mastectomy. Depression and anxiety were uncommon after mastectomy in this study, these improved by time and their frequency dropped from 25% in the first month to 15% after 3 years; and this is similar to what is reported in the literature^(5,10,11).

Sexual pleasure was not affected by mastectomy and most of the patients had more activity and satisfaction gradually over time and this is comparable to other studies^(2,3). Physical wellbeing was affected after mastectomy but most of the patients attributed that to the adjuvant chemotherapy and/or radiotherapy and their side effects rather than mastectomy.

Regarding the spiritual and cognitive achievements, a good number of patients were able to satisfy themselves by going for *pilgrimage* or *omra* and some patients attained postgraduate master degree and were promoted in their position. Four women who were married before

mastectomy succeeded to have children after mastectomy by 4- 6 years. One of the patients had four quiet normal children after she underwent mastectomy and received adjuvant chemotherapy. A senior engineer was able to obtain master degree after mastectomy and she was registered as a fellow in the *Sudanese Engineering Counsel*. No patient was divorced because of her disease or mastectomy in this study, most likely because Sudanese husbands are loyal, supportive and sympathetic especially in such occasions. The overall 5-year survival for patients with breast cancer in this study was 90% and this was better than the 75% reported in the literature⁽¹⁵⁾.

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