

ORIGINAL ARTICLE

QUALITY OF LIFE AMONG PREINVASIVE & INVASIVE  
CERVICAL CANCER IN MALAYSIA

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Abstract

**Objective:** This study aims to determine the quality of life (QOL) of Malaysian women based on their physical and mental scores and correlates with age and cervical disease severity. **Methods:** This is a cross-sectional study from Nov 2006 till Dec 2007 from participating Gynecology-Oncology outpatient and in patient's wards. QOL interviews used the SF-36 questionnaires. Main domains were the Physical Composite Scores (PCS) and the Mental Composite Scores (MCS). **Results:** A total of 396 participated in the study. Mean respondents age were  $53.31 \pm 11.21$  years, educated till secondary level (39.4%), Malays (44.2%) with mean marriage duration of  $27.73 \pm 12.12$  years. Among pre-invasive diseases, the cervical intra epithelial neoplasia (CIN) 1 was the highest in percentage of cases (8.1%). Among invasive cancer, stage 1 cancer was highest (31.1%), followed with stage 2 (28.3%), stage 3 (7.3%) and stage 4 cancers (5.8%). PCS scores are highest among the pre-invasive and stage 1 cancer ( $F=4.357$ ;  $p<0.0001$ ) and influenced by age and income. MCS were not significantly influenced by age or stage of cervical diseases ( $F= 1.393$ ;  $p=0.206$ ) but the regression model showed that amount spent on health care was a significant factor. **Conclusion:** Cervical diseases posed a substantial cause in reducing QOL with increasing age and disease severity. This disability can be reduced with early screening and intervention to prevent disease progression. Reducing disease burden play a role to improve QOL among at risk women before developing late stages of disease. *ASEAN Journal of Psychiatry, Vol.10, No.2, July – Dec 2009: XX XX*

**Keywords:** Cervical cancer, quality of life, physical composite scores, mental composite scores.

## **Introduction**

Cervical cancers are the second top cancers affecting females in Malaysia following breast cancers in the year 2003. The standardized incidence rate is 19.7/100,000 population [1]. The figure is not the best as developed countries with established screening either opportunistic or mandatory has a much lower incidence of cervical cancer. The Pap smear coverage that is only around 30-40% of women in Malaysia contributes to this problem [1].

As with any cancer, the social, emotional and economic impact of management of this disease to either individual basis or the population is tremendous. The events that occurred after cancer, does not only affect the physical body but also to the mind and the overall quality of life of affected women.

This study is justified to increase local research of burden of cancer disease. This study aims to determine the quality of life (QOL) of Malaysian women based on their physical and mental scores and correlates with age and cervical disease severity.

## **Methods**

The multicentre cross sectional study commenced from November 2006 until December 2007. Prior to the study initiation, approvals were obtained from the central ethics committee of the University Kebangsaan Malaysia

Medical Centre (UKMMC) and Ministry of Health (MOH) Malaysia [1].

The SF-36 (Short form-36) is an appropriate tool for assessing quality of life of women. It has been validated for local use [2,3] thus it was the tool of choice for this study. Eight specific domains (physical, social and role functioning, mental health, health perceptions, energy fatigue, pain and general health) were obtained from this tool, all eight scales are first standardized, and then z-scores are multiplied by the factor score coefficient for each scale. In the last step, transformation of physical and mental composite summary scores to a mean of 50 with a standard deviation of 10 was done [4].

The respondents, included women aged 18 years and above with established cervical pre invasive and invasive diseases from six public tertiary hospitals in Malaysia. The exclusion criteria were women who did not want to participate for whatever reason to their discretions and respondents who were too ill to participate.

Purposive samplings of public hospitals in this study are from hospitals involved in clinical managements of treating pre invasive and invasive disease that provides investigative procedures, surgical operational treatments, chemotherapy and radiotherapy. The hospitals must also possess sufficient technical skills in gynae-oncology specialty and Consultants as permanent



















