

Long-term outcome after colorectal cancer resection. Patients' self-reported quality of life, sexual dysfunction and surgeons' awareness of patients' needs

Francesco Di Fabio¹, Michael Koller², Riccardo Nascimbeni¹, Carlo Talarico¹, and Bruno Salerni¹

¹Cattedra di Chirurgia Generale, University of Brescia School of Medicine, Brescia, Italy;

²Center for Clinical Studies, University Hospital Regensburg, Regensburg, Germany

ABSTRACT

Aims and background. Current follow-up care programs focus mainly on detection of tumor recurrence or metachronous cancer. Other aspects that affect the quality of life (QoL) of long-term survivors, such as sexual dysfunction, psychological distress or depressive symptoms, have been poorly investigated. We studied these issues, and also investigated the surgeons' awareness of their patients' needs in order to determine how to improve follow-up care programs.

Methods. QoL of 62 colorectal cancer patients was assessed during follow-up using the European Organization for Research and Treatment of Cancer (EORTC) questionnaire QLQ-C30 and the symptom-specific module (QLQ-CR38). Postoperative sexual problems were evaluated with a 6-item questionnaire. Relevant needs to be examined during follow-up were investigated among patients and surgeons, by filling in the same checklist.

Results. During long-term follow-up (range, 14-74 months), rectal cancer patients reported lower QoL than colon cancer patients regarding defecation-related problems ($P = 0.0001$). Sixty-one percent of colon cancer patients reported no sexual dysfunction, whereas only 24% of individuals with rectal cancer reported no problems ($P = 0.007$). Patients reporting no sexual problems had significantly better QoL than the others, particularly with respect to physical functioning ($P = 0.001$), social functioning ($P = 0.05$), financial problems ($P = 0.01$) and body image ($P = 0.0001$). Addressing emotional problems during follow-up was important for 26% of the patients, while this was neglected by surgeons ($P = 0.03$).

Conclusions. QoL measurement in a clinical setting may help to detect QoL problems that could otherwise go unnoticed in the routine of follow-up care. Specifically, it was useful to detect defecation-related problems, sexual dysfunction and a mismatch in judging the importance of psychological distress between patients and their doctors. Neglecting these issues may cause long-term postoperative dissatisfaction.

Key words: colorectal cancer, outcome, quality of life, sexual dysfunction.

Correspondence to: Francesco Di Fabio, MD, Cattedra di Chirurgia Generale, University of Brescia School of Medicine, Viale Europa 11, 25123 Brescia, Italy.

Tel +39-030-3995614;
fax +39-030-3700472;
e-mail difabio@med.unibs.it

Received January 29, 2007;
accepted May 30, 2007.