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Indicators of the quality of life of patients with colorectal cancer: A literary review

Relevance: GLOBOCAN estimates 1.9 million new cases of colorectal cancer (CRC) and 935,000 deaths from CRC in 2020. CRC accounts for every tenth cancer case or dying from cancer. According to the Oncological Service of the Republic of Kazakhstan (RK), in 2019, CRC ranked 5th in incidence and mortality among all cancers. With a survival time of more than five years, one of the main criteria that determine the condition of patients and the effectiveness of treatment is their quality of life (QOL). Understanding QOL parameters is essential to assess the full impact of the disease on an individual, family, and community.

The purpose of the study was to analyze the quality-of-life indicators in patients with colorectal cancer and validate a Kazakh variant of the EORTC QLQ-CR-2 questionnaire in RK.

Results: The QOL of patients with CRC globally is relatively low in its physical, mental, social, and clinical aspects. The most important factors affecting the QOL are sexual dysfunction, body dissatisfaction in ostomy patients, chronic recurrent diarrhea, symptoms of distress, and high fatigue. The patient's lifestyle, age, gender, stage of the disease, and psycho-emotional status all affect the QOL of patients with CRC. It should also be noted that CRC survivors who have been physically active report a better QOL than those who were not physically active.

Conclusion: The fact that no study has been conducted in the RK for the QOL of patients with CRC necessitates a survey to understand the QOL parameters in patients with CRC using the Kazakh version of the EORTC QLQ-CR-2 questionnaire. We plan to conduct such a study in the near future within the framework of grant funding for young scientists IRN AP09058432 KN MES RK and publish the results.

Keywords: colorectal cancer (CRC), quality of life (QOL), EORTC QLQ-CR-2, linguistic validation, malignant neoplasm.

Introduction:

Colorectal cancer (CRC) ranks third in incidence and second in mortality among other cancers [1]. In 2020, CRC accounted for more than 1.9 million new cases and 935,000 deaths, amounting to every 10th death from cancer. In countries with a transient economy, CRC incidence is four times higher, but the difference in mortality rates is insignificant to a general growth of mortality. The prevalence of colon cancer varies by nine times depending on the region, with the highest rates in the EU, Australia/New Zealand, and North America. In Hungary and Norway, colon cancer leads the cancer prevalence in men and women. Colon and rectal cancer incidence rates are generally low in many parts of Africa and South-East Asia. This determines the interest in prevention, early diagnostics, improved treatment, and rehabilitation [2].

Cancer worsens the general health of patients more than other diseases, leading to disability and early death. Modern treatment methods like chemo and radiation therapy have increased the patients' chances of recovery. However, patients' quality of life (QoL) and the duration of remission of the disease remain unsatisfactory. In the life expectancy of 5 years and more, we have to study the

patients' condition using various QoL assessment methods.

The purpose of the study was to analyze the quality-of-life indicators in patients with colorectal cancer and validate a Kazakh variant of the EORTC QLQ-CR-2 questionnaire in RK.

Materials and Methods: The search for sources was carried out in the following databases: Scopus, Medline, Web of Knowledge (Thomson Reuters), PubMed, Scopus, ScienceDirect. The search depth was ten years, from 2011 to 2021. Inclusion criteria: reports of randomized and cohort studies in large populations; meta-analyses and system reviews; articles in English and Russian. Publication criteria: articles published before 2011; unconfirmed materials, abstracts, synopses, and newspaper articles. The study included 62 articles on the topic available in full text and meeting the criteria.

Results:

Colorectal cancer

CRC ranks second in men and third in women in prevalence among other cancers. It also contributes significantly to deaths from cancer despite the permanent improvement in diagnostics and treatment methods [3].

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Most colorectal tumors develop in a multi-stage process involving histological, morphological, and genetic changes. This allows precancerous polyps to be identified and checked early before they become cancerous in people with moderate risk of developing colorectal cancer and significantly reduce the CRC incidence [4]. Today, the CRC incidence and mortality went down due to anticancer screening. However, there is a growing number of young patients diagnosed with CRC for unknown reasons. Multiple studies show a significant role of environmental and genetic factors in CRC pathogenesis. Nutrition may also play a causal and protective role in CRC development [5]. In the development of colorectal adenocarcinoma, successive genetic and epigenetic mutations occur in specific oncogenes and/or tumor-suppressive genes in the epithelial cells of the gastrointestinal tract. These mutations cause CRC onset, progression, and metastasis. The molecular characteristics of cancer-associated mutations provide valuable information for disease prognosis and response to therapy. Therefore, early diagnostics and individual approaches to treatment, as well as a good knowledge of the molecular basis of CRC onset and progression, are critical in the treatment of this disease [6].

Quality of life of CRC patients

Despite significant studies of CRC patients' QoL, information on the QoL of patients one year after the treatment is limited. Understanding the QoL of CRC survivors is essential for assessing the overall impact of the disease on the individual, family, and society.

QoL is an important indicator in healthcare and medicine [7]. QoL definitions and measurements are subjective; this concept is not universally acknowledged. Many researchers believe that QoL includes such aspects as physical, psychological, social, emotional, sexual activities of a person, their spiritual well-being, as well as the professional or role capacities of a person.

Assessing the QoL of oncological patients carries a range of functions. E.g., the QoL value complements the objective medical assessment of treatment outcomes. QoL assessment is also important when palliative care is the main reason for medical intervention. In patients with advanced cancer, its treatment can reduce the QoL while not improving the patient's condition. Interventions to improve the QoL can reveal unaddressed emotional, social, and spiritual problems of patients and, therefore, can add to the success of palliative care. The QoL assessment is usually required to assess the impact of the disease on surviving patients. Despite the prevalence of CRC in the West, little is known about the patients' QoL and the long-term effects of cancer treatment, and long-term studies are needed to determine the QoL of CRC survivors.

In general, there are no universal forms that determine the QoL of cancer patients. It is possible to identify

only some changes in the QoL of a particular group of respondents. There is no single way to determine the QoL, and every single tool to determine it has its criteria and rating scale.

QoL questionnaire

The QoL of patients is assessed using the QLQ-C30 questionnaire of the European Organization for Research and Treatment of Cancer (EORTC) on a 30-point scale (QLQ-C30 ver. 2) one year after diagnosis. The QLQ-C30 questionnaire includes five elements of a functional scale that assesses physical, emotional, cognitive, and social functioning, as well as global health data. Three symptom scales measure fatigue, pain, and nausea/vomiting, while six separate scales measure symptoms such as shortness of breath, insomnia, loss of appetite, constipation, diarrhea, and financial difficulties. High functional scores indicate good QoL, while high symptom scores indicate severe symptoms [8].

Social support decreases after CRC diagnostics and treatment in every third patient, which is a significant risk factor in restoring their QoL. Early initiation and assessment of care provided to such patients at all stages can improve recovery, which is especially important for vulnerable groups of patients in need of social support [9].

QoL indicators in CRC patients worldwide.

In Korea, they studied the correlation between physical activity and QoL of breast and colorectal cancers survivors. In total, they selected 224 patients (151 with breast cancer and 73 with rectal cancer) after cancer treatment. Their physical activity was measured using the Godin's Leisure Sports questionnaire and the EORTC QLQ C-30 questionnaire. In Korea, increased physical activity correlated with a higher QoL among breast and colorectal cancers survivors. QoL improvement shall be among the crucial strategies for improving the lives of people with cancer [10].

In China, they studied the impact of diet and physical activity on general and cancer-specific QoL, anxiety, and depression among Chinese adults surviving colon cancer. The study included 223 adults after colon cancer within one year after cancer treatment.

Linear mixed models were used to measure the intervention effects. The participants with changes in the diet noted a significant improvement in overall QoL after 12 months and in specific indicators of cancer and depression after 12 and 24 months. Physically active participants showed a significant improvement in the index of usefulness SF-6D and physical performance within six months. It was proven that nutrition interventions improve the QoL of cancer patients and colon cancer survivors [11].

Another research was conducted in nine geographically varied settlements in the States. A phone survey utilized computer methods for QoL assessment. The final model included 403 cases and 401 controls. Multiple lo-

gistic regression was shown to have a significant negative impact on survival in CRC. High prevalence of comorbidities had a significant adverse effect on general QoL regardless of the patients' condition. High comorbidity scores were associated with low QoL both among the participants and the controls [12].

Another crossover study included patients with metastatic CRC treated with Cetuximab at the medical center in the north of Taiwan. Structured questionnaires were used to measure the stress symptoms, body condition, and EGFR-related QoL in patients. Of 111 patients surveyed, 79.2% had acne, 52.2% had paronychia. Skin dryness and itching were the most common symptoms. EGFR-related QoL impairment was due to the symptoms of stress, negative body image, increased share of cumulative targeted therapy, and fever; those factors decreased the EGFR-related QoL by 66.6% [13].

In Germany, they studied the cross-correlation between physical fitness measured by the 6-minute walking distance (6MWD) test, 30 Second Chair Stand Test (30 CST), and isometric grip strength and QoL in patients with CRC ($n = 71$, average age – 67 ± 10 years, 63% men; stages I, II, and III – in 35, 39, and 25%, respectively). High 6MWD and 30 CST results correlated with better general health status ($p < 0.001$, $p = 0.001$, respectively), higher load ($p < 0.001$), and lower symptoms of pain and fatigue ($p < 0.001$). High 6MWD scores also correlated with a cognitive function improvement ($p = 0.005$). In the study, aerobic fitness and calf muscle strength correlated with general health status improvement, high working ability, and lower symptoms of pain and fatigue in patients with CRC [14].

Chinese researchers studied the stoma condition (permanent stoma, temporary stoma, or no-stoma) impact on psychological stress and QoL of Chinese patients with CRC in the early postoperative period. The crossover study involved 282 CRC patients 1-2 weeks after surgery.

The patients with permanent or temporary stoma reported worse body conditions and higher levels of anxiety and depression than no-stoma patients ($P < 0.05$). The stoma presence was the most decisive factor related to body image, stress, and depression ($P < 0.05$). Visual body image was shown to have an overall impact on stoma-related anxiety, depression, and QoL in patients with a permanent or temporary stoma; permanent stoma also led to a depression state of patients [15].

In Russia, 115 patients with CRC and liver metastasis were included in a QoL study (54 participants and 61 controls). Both groups were comparable in age, gender, type of surgery, and cancer differentiation status. QoL was measured using a FACT-G questionnaire with a specialized FACT-C module. The scientists concluded that the radiofrequency ablation of colorectal metastases in the liver during cytoreductive surgery provided a

higher patients' QoL 3 and 6 months after surgery than atypical liver resection. Significant changes in QoL indicators depended on the dynamics of physical well-being and modular CRC indicators. No significant changes in assessing functional and emotional well-being were registered [16].

In Ghana, they selected data on QoL of patients diagnosed with CRC at Komfo Anokye Teaching Hospital (KATH) in 2009-2015 who survived till January 2017. The data included demographic parameters, clinical pathology descriptions, and QoL indicators. A significant limitation of the study was that no information about the patients' QoL before the diagnosis, as well as their age, gender, and socio-economic status, was provided [17].

A US study involved 227 patients with long-term remission of CRC. The QoL of surviving patients was nearly equal. Non-cancer-related diseases and low income influence the early-stage CRC patients' QoL. Patients who lived a long time had a high level of depression despite a higher QoL. 16% reported bowel movements three or more times a day, while 49% had chronic recurrent diarrhea. It was shown that patients with long-term remission of CRC could have a relatively high QoL, though diarrhea and depressive symptoms remain a problem [18].

In a prospective study, the changes in employment over 12 months in a group of middle-aged people (45-64 years) from Queensland, Australia, were compared to the controls with CRC. The study showed that about one-half of CRC survivors (66/148, 45%) have ceased regular or contract employment during the study period compared to 27% in the control group (79/295, $p = 0.001$). However, the participants with CRC noted significant improvements in physical well-being, functional well-being, and overall QoL during the study period. CRC patients who maintained or increased their workload for 12 months after diagnosis were found to have less workload or improvement in the functional well-being and general QoL than those retired [19].

Sexual dysfunction is another important factor influencing the QoL of people after CRC (especially rectal cancer). Health-related differences in QoL can be associated with the stoma condition (anastomosis). The rectal cancer survivors with a stoma ($N = 181$) or anastomosis ($N = 394$) from northern California and the northwest of the US were assessed using the HRQOL score for measuring functional status. The survivors with a permanent stoma operated before 2000 were more likely to become sexually inactive after surgery; they could be dissatisfied with their physical appearance, interference with personal relationships and intimacy, and have a low general HRQOL score. Surviving women with stoma often had vagina narrowing and postoperative vaginal pain that remained during the

study (≥ 5 years after surgery). Sexual dysfunction is a long-term consequence of CRC treatment that adds to the problems of survivors with a permanent stoma. Wide use of target actions to manage sexual dysfunction is required to improve the HRQOL scores of these survivors [20].

Conclusion:

We have found that in some countries, the QoL of CRC patients remains low in terms of physical, mental, social, clinical, and financial condition. Significant factors influencing the QoL included financial difficulties, sexual dysfunction, dissatisfaction with the patient's body with an ostomy, diarrhea, depressive symptoms, symptoms of stress, and increased fatigue. These patients also need skincare and emotional support.

Lifestyle, age, gender, stage of the disease, psychoemotional state of a person – all these influence the QoL of CRC patients. It should be noted that CRC patients who have been physically active for a long time have a better QoL than people with low physical activity. Till today, there was no survey in the Republic of Kazakhstan on the QoL of patients with CRC. This necessitates the studies to understand the QoL of patients with CRC. In the near future, we plan to conduct such a survey and share the results within the framework of grant funding for young scientists of the Republic of Kazakhstan IRN AP09058432 KN MES RK.

References:

1. Aliev S. A., Aliev E. S. Kolorektal'nyj rak: zabolevaemost', smertnost', invalidnost', nekotorye faktory riska // Vestn. hir. – 2007. – №4 [Aliev S.A., Aliev E.S. Colorectal cancer: morbidity, mortality, disability, some risk factors // Vestn. hir. – 2007. – No. 4]. <https://cyberleninka.ru/article/n/kolorektalnyy-rak-zabolevaemost-smertnost-invalidnost-nekotorye-faktory-riska> (in Russian);
2. Sung H., Ferlay J., Siegel R.L., Laversanne M., Soerjomataram I., Jemal A., Bray F. Global cancer statistics 2020: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries // CA Cancer J Clin. – 2021. – Vol. 71. – P. 209–249. <https://doi.org/10.3322/caac.21660>;
3. Lech G., Słotwiński R., Słodkowski M., Krasnodebski I.W. Colorectal cancer tumour markers and biomarkers: Recent therapeutic advances // World J. Gastroenterol. – 2016. – Vol. 22(5). – P. 1745–1755. <https://doi.org/10.3748/wjg.v22.i5.1745>;
4. Simon K. Colorectal cancer development and advances in screening // Clin. Interv. Aging. – 2016. – Vol. 11. – P. 967–976. <https://doi.org/10.2147/CIA.S109285>;
5. Thanikachalam K., Khan G. Colorectal Cancer and Nutrition // Nutrients. – 2019. – Vol. 11(1). – P. 164. <https://doi.org/10.3390/nu11010164>;
6. De Rosa M., Pace U., Rega D., Costabile V., Duraturo F., Izzo P., Delrio P. Genetics, diagnosis and management of colorectal cancer (Review) // Oncol Rep. – 2015. – Vol. 34(3). – P. 1087–1096. <https://doi.org/10.3892/or.2015.4108>;
7. Haraldstad K., Wahl A., Andenæs R., Andersen J.R., Andersen M.H., Beisland E., Borge C.R., Engebretsen E., Eisemann M., Halvorsrud L., Hanssen T.A., Haugstvedt A., Haugland T., Johansen V.A., Larsen M.H., Løvereide L., Løyland B., Kvarme L.G., Moons P., Norekvål T.M., Ribu L., Rohde G.E., Urstad K.H., Helseth S., LIVSFORSK network. A systematic review of quality of life research in medicine and health sciences // Qual. Life Res. – 2019. – Vol. 28(10). – P. 2641–2650. <https://doi.org/10.1007/s11136-019-02214-9>;
8. Arndt V., Merx H., Stegmaier C., Ziegler H., Brenner H. Quality of life in patients with colorectal cancer 1 year after diagnosis compared with the general population: a population-based study // J. Clin. Oncol. – 2004. – Vol. 22(23). – P. 4829–4836. <https://doi.org/10.1200/JCO.2004.02.018>;
9. Haviland J., Sodergren S., Calman L., Corner J., Din A., Fenlon D., Grimmett C., Richardson A., Smith P.W., Winter J., members of Study Advisory Committee, Foster C. Social support following diagnosis and treatment for colorectal cancer and associations with health-related quality of life: Results from the UK ColoRECTal Wellbeing (CREW) cohort study // Psycho-Oncology. – 2017. – №26(12). – P. 2276–2284. <https://doi.org/10.1002/pon.4556>;
10. Park J.-H., Lee D.H., Kim S.I., Kim N.K., Jeon J.Y. Moderate to vigorous physical activity participation associated with better quality of life among breast and colorectal cancer survivors in Korea // BMC cancer. – 2020. – Vol. 20. – no. 365. <https://doi.org/10.1186/s12885-020-06819-z>;
11. Ho M., Ho J.W.C., Fong D.Y.T., Lee C.F., Macfarlane D.J., Cerin E., Lee A.M., Leung S., Chan W.Y.Y., Leung I.P.F., Lam S.H.S., Chu N., Taylor A.J., Cheng K.K. Effects of dietary and physical activity interventions on generic and cancer-specific health-related quality of life, anxiety, and depression in colorectal cancer survivors: a randomized controlled trial // J. Cancer Surviv. – 2020. – Vol. 14(4). – P. 424–433. <https://doi.org/10.1007/s11764-020-00864-0>;
12. Pate A., Lowery J., Kilbourn K., Blatchford P.J., McNulty M., Risendal B. Quality of life and the negative impact of comorbidities in long-term colorectal cancer survivors: a population-based comparison // J. Cancer Surviv. – 2020. – Vol. 14(5). – P. 653–659. <https://doi.org/10.1007/s11764-020-00876-w>;
13. Chiang T.Y., Hsu H.C., Jane S.W., Chen S.C. EGFR-associated health-related quality of life by severity of skin toxicity in metastatic colorectal cancer patients receiving epidermal growth factor receptor inhibitor target therapy // Support. Care Cancer. – 2020. – Vol. 28(10). – P. 4771–4779. <https://doi.org/10.1007/s00520-020-05321-3>;
14. Soares-Miranda L., Lucia A., Silva M., Peixoto A., Ramalho R., da Silva P.C., Mota J., Macedo G., Abreu S. Physical Fitness and Health-related Quality of Life in Patients with Colorectal Cancer // Int. J. Sports Med. – 2021. – Epub ahead of print. <https://doi.org/10.1055/a-1342-7347>;
15. Song L., Han X., Zhang J., Tang L. Body image mediates the effect of stoma status on psychological distress and quality of life in patients with colorectal cancer // Psycho-Oncology. – 2020. – Vol. 29(4). – P. 796–802. <https://doi.org/10.1002/pon.5352>;
16. Kaganov O.I., Kozlov S.V. Pokazateli kachestva zhizni bol'nyh s diagnozom kolorektal'nyj rak posle citoreduktivnyh operacij // Koloproktologiya. – 2011. – №2(36). – S. 18–22 [Kaganov O.I., Kozlov S.V. Indicators of the quality of life of patients diagnosed with colorectal cancer after cytoreductive operations // Coloproctology. – 2011. – Vol. 2 (36). – P. 18–22] (in Russian);
17. Yorke J., Acheampong E., Batu E.N., Obirikorang C., Yeboah F.A., Asamoah E.A. Quality of life of colorectal cancer survivors in a Ghanaian population // BMC Res Notes. – 2019. – Vol. 12(1). – P. 781. <https://doi.org/10.1186/s13104-019-4817-8>;
18. Seilkhanova D.M., Shalgumbaeva G.M., Baibusinova A.Zh., Sagadieva M.M., Adilgozhina S.M., Slyamkhanova N.S. Quality of life of patients with colorectal cancer: a literature

review // *Oncology and Radiology of Kazakhstan*. – 2020. – Vol. 4 (58). – P. 66-71. <http://oncojournal.kz/docs/archive/en/divided/58/2663-4864-2020-4-58-66-71.pdf>;

19. Beesley V.L., Vallance J.K., Mihala G., Lynch B.M., Gordon L.G. Association between change in employment participation and quality of life in middle-aged colorectal cancer survivors compared with general population controls //

Psycho-Oncology. – 2017. – № 26(9). – P. 1354-1360. <https://doi.org/10.1002/pon.4306>;

20. Sun V., Grant M., Wendel C.S., McMullen C.K., Bulkley J.E., Herrinton L.J., Hornbrook M.C., Krouse R.S. Sexual Function and Health-Related Quality of Life in Long-Term Rectal Cancer Survivors // *J. Sex. Med.* – 2016. – Vol. 13(7). – P. 1071-1079. <https://doi.org/10.1016/j.jsxm.2016.05.005>.

ТҰЖЫРЫМ

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Колоректальді обыры бар науқастардың өмір сапасының көрсеткіштері: Әдеби шолу

Өзектілігі: GLOBOCAN бағалауы бойынша 2020 жылы колоректальді обырдың (КРО) 1,9 миллион жаңа жағдайы анықталып, тоқ ішек обырынан 935,000 адам қайтыс болды, бұл онкологиялық аурудың әрбір 10 жағдайының бірі өлімге әкеліп соғады деген сөз. Қазақстан Республикасының (ҚР) онкологиялық қызметінің мәліметтері бойынша, 2019 жылы КРО барлық локализацияның арасында аурушаңдық пен өлім-жітім бойынша 5-ші орынды иеленді. Өмір сүру ұзақтығы 5 жылдан асса, науқастардың жағдайы мен емнің тиімділігін анықтайтын негізгі критерийлердің бірі – өмір сүру сапасы. Аурудың адамға, отбасына және қоғамға толық әсерін бағалау үшін өмір сүру сапасын түсіну маңызды.

Берілген зерттеудің мақсаты: Колоректальді қатерлі ісікпен ауыратын науқастардың өмір сүру сапасының көрсеткіштерін зерттеу және сол арқылы ҚР EORTC QLQ-CR-2 сауалнамасының қазақша валидациясын енгізу.

Зерттеу нәтижелері: әлемде КРО бар науқастардың өмір сүру сапасы физикалық, психикалық, әлеуметтік және клиникалық аспектілер бойынша салыстырмалы түрде төмен. Өмір сүру сапасына әсер ететін маңызды факторлар жыныстық дисфункция, стомасы бар науқастардың өз денесіне қанағаттанбауы, созылмалы қайталанатын диарея, күйзеліс белгілері және жоғары шаршау болды. Науқастардың өмір сүру салты, жасы, жынысы, аурудың сатысы, адамның психосоциалды жағдайы - мұның бәрі КРО бар науқастардың өмір сүру сапасына әсер етеді. Сондай-ақ, физикалық белсенділікте болған КРО бар науқастар физикалық белсенді емес науқастарға қарағанда өмір сүру сапасы жоғары болғандығы туралы хабарлағанын атап өткен жөн.

Қорытынды: Бүгінгі күнге дейін ҚР-да КРО бар науқастардың өмір сүру сапасының көрсеткіші бойынша зерттеулер жүргізілген жоқ. Осыған байланысты EORTC QLQ-CR-2 сауалнамасының қазақша нұсқасын қолдана отырып, КРО бар науқастардың өмір сүру сапасын түсіну үшін зерттеу жүргізу қажет. ҚР БҒМ КНН АР09058432 жас ғалымдарды гранттық қаржыландыру аясында жақын арада біз осындай зерттеу жүргізуді жоспарлап отырмыз және нәтижелерімен бөлісетін боламыз.

Түйінді сөздер: тоқ ішек ісігі, науқастың өмір сапасы, EORTC QLQ-CR-2, лингвистикалық валидация, қатерлі ісік.

АННОТАЦИЯ

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Показатели качества жизни пациентов с колоректальным раком: Обзор литературы

Актуальность: По оценкам GLOBOCAN, в 2020 году было выявлено 1,9 миллион новых случаев колоректального рака (КРР) и 935 000 случаев смерти от этого заболевания, что составляет каждый десятый случай заболеваемости и смертности от рака. По данным онкологической службы Республики Казахстан (РК), в 2019 году КРР занимал 5 место по заболеваемости и смертности среди всех локализаций. При сроках выживаемости более 5 лет, одним из главных критериев, определяющих состояние пациентов и эффективность лечения, является качество жизни (КЖ). Понимание параметров КЖ имеет важное значение для оценки полного воздействия заболевания на человека, его семью и общество.

Цель исследования: Изучить показатели качества жизни пациентов с колоректальным раком и тем самым ввести в РК казахскую валидацию опросника EORTC QLQ-CR-2.

Результаты: Качество жизни пациентов с КРР в мире – относительно низкое с точки зрения физических, психических, социальных, клинических аспектов. Наиболее важными факторами, влияющими на качество жизни, были сексуальная дисфункция, неудовлетворенность пациентов со стомой своим телом, хроническая рецидивирующая диарея, симптомы дистресса и высокая утомляемость. Образ жизни пациента, возраст, пол, стадия заболевания, психосоциальный статус человека – все это влияет на качество жизни пациентов с КРР. Также необходимо отметить, что люди, пережившие КРР, которые были физически активны, сообщили о лучшем качестве жизни, чем те, которые не были физически активны.

Закключение: На сегодняшний день в РК исследовании по изучению КЖ больных с КРР не проводилось. В связи с этим необходимо провести исследование для понимания качества жизни пациентов с КРР с помощью казахской версии опросника EORTC QLQ-CR-2. В ближайшее время мы планируем провести такое исследование в рамках грантового финансирования молодых ученых ИРН АР09058432 КН МОН РК и будем делиться результатами.

Ключевые слова: колоректальный рак, качество жизни пациентов, EORTC QLQ-CR-2, лингвистическая валидация, злокачественное новообразование.