Quality of life and morbidity in patients with rectal cancer

AKADEMISK AVHANDLING

som för avläggande av medicine doktorsexamen vid Sahlgrenska akademin vid Göteborgs universitet kommer att offentligen försvaras i Stora aulan, Centralkliniken, Sahlgrenska Universitetssjukhuset/Östra, Göteborg, fredagen den 25 november 2016, klockan 09:00

av

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Avhandlingen baseras på följande delarbeten:

I. Self-reported quality of life and functional outcome in patients with rectal cancer – OoLiRECT.

Asplund D, Heath J, González E, Ekelund J, Rosenberg J, Haglind E, Angenete E. Dan Med J 2014;61(5): A4841

II. Pretreatment quality of life in patients with rectal cancer is associated with intrusive thoughts and sense of coherence.

Asplund D, Bisgaard T, Bock D, Burcharth J, González E, Haglind E, Kolev Y, Matthiessen P, Rosander C, Rosenberg J, Smedh K, Åkerblom Sörensson M, Angenete E.

Submitted for publication

III. Outcome of extralevator abdominoperineal excision compared with standard surgery: results from a single centre.

Asplund D, Haglind E, Angenete E. Colorectal Dis 2012;14(10): 1191-1196

IV. Persistent perineal morbidity is common following abdominoperineal excision for rectal cancer.

Asplund D, Prytz M, Bock D, Haglind E, Angenete E. *Int J Colorectal Dis* 2015;30(11): 1563-1570



Quality of life and morbidity in patients with rectal cancer

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ABSTRACT

Aim The aim of this thesis was to investigate patient-reported and clinical outcome in patients with rectal cancer with specific focus on treatment-associated morbidity and quality of life.

Method Three clinical studies were conducted: a prospective multicentre cohort study, a retrospective case series and a nationwide cross-sectional questionnaire survey. In addition, population normative data on quality of life were obtained. Two study-specific questionnaires were developed and validated. Clinical data were collected from medical records and national quality registries.

Results Cancer-related intrusive thoughts, a possibly treatable stress-related symptom, independently predicted pretreatment quality of life in patients with a newly diagnosed rectal cancer (paper I-II). Extralevator abdominoperineal excision was associated with an increased rate of perineal wound complications compared with the conventional technique but oncological outcome was no better (paper III). Three years after surgery 50 % of responding patients experienced perineal symptoms and impaired postoperative wound healing emerged as a risk factor (paper IV).

Conclusion Psychological factors should be considered as relevant confounders in relation to quality of life in clinical studies. Efforts to decrease perineal wound complications following abdominoperineal excision are important, as complications may increase the risk for chronic perineal symptoms. Such symptoms are common three years after abdominoperineal excision.

Keywords Rectal cancer; Quality of life; Morbidity; Abdominoperineal excision; Intrusive thoughts; Sense of coherence; Chronic perineal symptoms.

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