



Department of Medical Studies

A study of Health Related – Quality Of Life in children with Malignancy and under treatment

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Abstract:

Intruduction:

Quality of life instruments have provided important advances in measuring the quality of life of pediatric patients receiving treatment for cancer .

Aim of study :

Assessment of quality of life in children with cancer and under treatment.

Patients and methods:

Children with cancer (fifty patients) were recruited from Outpatient Clinic of Pediatric Oncology at the Hospital Abu El- Reesh ,Cairo University .

The study group was fulfilling the following criteria:

Inclusion criteria:

.Children with malignancy and under treatment .

.Both sexes were included in the study .

.Age ; children aged 8-12 years.

Exclusion criteria :

.Survivors (children who are off treatment)who come for follow up.

.Ages below 8 and above 12 years.

.Terminal cases who take only palliative treatment.

Multiple Generic and Cancer Specific Module have been validated for use .

Results :

Quality of life has been found to be significantly lower in children treated from cancer .Patients who received combined therapy (chemotherapy and radiotherapy) had lower QOL compared to those on chemotherapy only .

Conclusion :

QOL was markedly lower in children with cancer and under treatment . Children treated from cancer are exposed to major stressors .

Recommendations :

Questionnaires of QOL should be completed during course of treatment to compare between different protocols of treatment and application of the results in choosing the protocol that had the least affect on the QOL.

Key Words:

Quality of life , cancer ,pediatric .

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List of abbreviations

ALL: acute lymphatic leukemia.

CNS: central nervous system.

RMS :rhabdomyosarcoma.

QOL: quality of life .

WHO: world health organization .

HRQOL:health related quality of life .

Peds QO : pediatrics quality of life.

ttt: treatment .

SPSS: statistical package for the social science.

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Introduction

Although the incidence of cancer in children increased slightly in the early 1980 s, there has been no substantial change in the incidence of major pediatric malignancies since the mid – 1980 s. Mortality rates for childhood malignancies have declined significantly as a result of improvements in supportive care and therapy (Linnet et al, 1999).

There is an important shift in thinking about cancer, in which cancer is viewed not only as a life threatening disease but also as a chronic illness (Apter ,et al, 2003).

The most common childhood malignancies are acute lymphoblastic leukemia (ALL), central nervous system (CNS) tumors and lymphomas. Together, these cancers account for 63% of cases (Gloeckler Ries, et al, 2003)

There are many side effects of childhood cancer treatment, and these side effects may greatly affect the child's Quality of life (Bryant , 2003).

Major stressors experienced by children diagnosed with cancer, affect the wellbeing of the children and their family members (Mc Caffrey .2006).

Assessment of Quality Of Life (QOL) of children is complex due to developmental differences in

understanding the content being measured. The validity of parent – proxy reports versus child's self – reports remains to be studied (Yeh, et al 2005).

Proxy reports are reports filled with anyone taking care of the patient .

The WHO describes Quality of life as “the individual's perception of their position in life, in the context of culture and value systems in which they live and in relation to their goals, expectations, standards and concerns (Varni, et al, 2003).

Quality Of Life is multidimensional. It includes social, physical, emotional and school functioning of the child (Varni, et al, 2003).