

Title: Psychosexual correlates of quality of life in women with cervical cancer before treatment

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Purpose of the study and scientific justification: Several thousand new cases of cervical cancer are reported in Poland each year. This cancer ranks sixth among female malignancies, occurring most frequently in middle-aged women (45-65 years old), though recent years have shown an increase in the number of cases in women aged 35 to 44 years. Diagnosis and treatment can both contribute to a decline in functioning in a variety of areas. Previous research on oncological patients' quality of life (QoL) has mainly concentrated on their physical, emotional, and social functioning. The World Health Organization has implemented changes to its holistic understanding of factors associated with the decrease and/or maintenance of QoL, recognizing sexual functioning as its essential component. Furthermore, the available studies focused on patient functioning during or after treatment, even though QoL deterioration may be observable shortly after receiving the diagnosis.

The study's objective was to determine the psychosexual correlates of quality of life components in women with cervical cancer before the start of proper treatment, as well as to examine the relationship between selected variables.

Method: The study included 60 women with stage II or III cervical cancer who were qualified for radiotherapy or brachytherapy but had not previously undergone surgery. Patients enrolled in the study were admitted to the Clinical Department of Brachytherapy or the Department of Radiotherapy of the Oncology Center in Bydgoszcz. Individuals for the control group were carefully selected based on gender, age, and education. The mean age of the respondents in the study group was $M = 55.75$ ($SD = 6.27$), and $M = 52.13$ ($SD = 6.46$) in the control group.

Each participant provided a history of basic sociodemographic and clinical data. The following research instruments were employed: Female Sexual Functioning Index: Short Version (FSFI-6), Sexual Communication Self-Efficacy Scale, European Health Literacy Survey Questionnaire (HLS-EU-Q16), Perceived Stress Scale (PSS-10) and, only in the group of women with cervical cancer, control questions on patient-provider sexual communication.

Results: Women with cervical cancer received significantly lower scores in the mental ($M = 50.10$ vs $M = 69.34$) and sexual ($M = 9.62$ vs $M = 18.65$) components of quality of life,

and significantly higher perceived stress ($M = 25.15$ vs. $M = 15.55$) than healthy women. Furthermore, patients with a higher sense of self-efficacy in sexual communication demonstrated improved functioning in terms of the physical ($r = 0.458$; $p = 0.001$), mental ($r = 0.555$; $p = 0.001$), and sexual ($r = 0.713$, $p = 0.001$) components of quality of life. Only sexual functioning was differentiated by level of health literacy ($F(2.57) = 6.003$; $p = 0.004$), with respondents with a proper level of health literacy achieving better results. It was also demonstrated that perceived stress is an important mediator for the studied relations and proved to be an ineffective moderator. The respondents' functioning was significantly differentiated by socio-demographic and clinical variables. Furthermore, a good fit of the adopted research model on the group of women with cervical cancer and healthy women was confirmed ($CMIN/df = 2.009$; $p < 0.001$; $TLI = 0.966$; $IFI = 0.979$; $CFI = 0.978$; $RMSEA = 0.093$).

Conclusions: The obtained results indicate that the quality of life, including sexual functioning, and perceived stress deteriorate already at the stage between receiving the diagnosis and starting the proper treatment. This research emphasizes the importance of implementing psychological interventions after receiving a diagnosis. According to these research results, multidimensional care should consider sexual functioning as an essential aspect of patient quality of life. The study's findings and the identification of psychosexual correlates of functioning may contribute to the creation of psychoeducational programs for patients, as well as doctors and medical students. Furthermore, introducing personalized support as soon as a patient receives a diagnosis would assist patients and their families in preparing for treatment.