Evaluation of Quality of Life for Women With Breast Cancer

Mohammed F Khalifa,1 Zahraa Adnan Ghadhban Al Ghuraibawi,1 Istikrar M Hade,1 Montadher Ali Mahdi1

Abstract

Background/Aim: One of the therapeutic outcome metrics for women with breast cancer is quality of life (QoL). The purpose of the following study was to evaluate the QoL of women with breast cancer who were getting therapy or on follow-up at the Oncology Teaching Hospital in Medical City, Baghdad, Iraq.

Methods: A convenient sample of 100 women was selected from the Teaching Oncology Hospital at Medical City in Baghdad City. For the purposes of the study, a questionnaire was constructed. Physical, role, emotional, cognitive and social functioning were its five functional domains. Each study participant received a questionnaire explaining how to complete it, along with a form requesting their approval to remain anonymous. They also got the opportunity to leave the study at any time without being provided an explanation. A panel of 10 experts determined the questionnaire's content validity and its internal consistency reliability was calculated using the split-half method and the Cronbach α correlation coefficient of \( r = 0.92 \). Data were collected using the study questionnaire and analysed using a descriptive statistical data analysis approach based on frequency and percent.

Results: The study findings depict that most of the women with breast cancer were 31-49 year old and they accounted for 43 % of the studied sample. Most of these women had problems with their emotional, social and role functioning.

Conclusion: Breast cancer affects many elements of life, but it has the largest influence in modern culture on social and emotional functioning, as well as role functioning. A multidisciplinary team working with affected women would be advantageous in enhancing the QoL of breast cancer patients, particularly in the most compromised aspects of their health.

Key words: Evaluation; Quality of life; Women; Breast cancer.

Introduction

Breast cancer is contributing for 12.5 % of all newly diagnosed cases of cancer every year. In many areas of the globe, breast cancer is the most common cancer in women and one of the major causes of cancer-related mortality.1 A woman's risk nearly doubles if she has a first-degree family with breast cancer (mother, sister or daughter). In 15 % of affected women a family member had a breast cancer.2 Approximately 85 % of all incidences of breast cancer are caused by women who have no family history of the disease. They are produced by genetic alterations resulting...
Methods

The present study used the descriptive design with application of evaluation approach. A convenient sample of 100 women, with breast cancer was selected from the Teaching Oncology Hospital at Medical City in Baghdad City, Iraq. Study was carried out from January 2023 to June 2023.

For the purposes of the study, a questionnaire was constructed. Physical, role, emotional, cognitive and social functioning were its five functional domains. These domains were evaluated as low, moderate and high. Inclusion criteria included women with breast cancer, aged 18 years and older. Exclusion criteria included women aged 75 years and older, because these ages do not have stability in physical, role, emotional, cognitive and social functioning.

Each study participant received a questionnaire explaining how to complete it, along with a form requesting their approval to remain anonymous. They also got the opportunity to leave the study at any time without being provided an explanation. A panel of 10 experts determined the questionnaire’s content validity and its internal consistency reliability was calculated by using the split-half method and the Cronbach α correlation coefficient of $r = 0.92$. Data were collected using the study questionnaire and analyzed using a descriptive statistical data analysis approach based on frequency and percent.

Results

Out of 100 women, most of the women with breast cancer were 31-49 year old and they accounted for 43% of studied sample, followed by 32% of women aged 50-59 (Table 1).

<p>| Table 1: Distribution of the sample by age |
| Age (years) | Women with breast cancer |</p>
<table>
<thead>
<tr>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>≤ 30</td>
<td>4</td>
</tr>
<tr>
<td>31 – 49</td>
<td>43</td>
</tr>
<tr>
<td>50 – 59</td>
<td>32</td>
</tr>
<tr>
<td>60 – 69</td>
<td>13</td>
</tr>
<tr>
<td>≥ 70</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
</tr>
</tbody>
</table>

N: number of patients; %: percentage.

Table 2: Evaluation of quality of life (QoL) in women with breast cancer

<table>
<thead>
<tr>
<th>Domains</th>
<th>Low</th>
<th>Moderate</th>
<th>High</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical functioning</td>
<td>20 (20%)</td>
<td>30 (30%)</td>
<td>50 (50%)</td>
</tr>
<tr>
<td>Role functioning</td>
<td>56 (56%)</td>
<td>24 (20%)</td>
<td>20 (20%)</td>
</tr>
<tr>
<td>Emotional functioning</td>
<td>90 (90%)</td>
<td>10 (10%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Cognitive functioning</td>
<td>10 (10%)</td>
<td>30 (30%)</td>
<td>60 (60%)</td>
</tr>
<tr>
<td>Social functioning</td>
<td>60 (60%)</td>
<td>20 (20%)</td>
<td>20 (20%)</td>
</tr>
</tbody>
</table>

Most of the women with breast cancer had problems with their emotional, social and role functioning (Table 2).
Discussion

Throughout the course of data analysis, the study findings depict that women with breast cancer were mostly early to middle age. This may be due to genetic risk factors or may be due to infertility and the use of contraceptives. Breast cancer has a one in 69 probability of occurring in women between the age 40-60. That risk rises to one in 43 in age 50-60 and in 60-70 age group, the possibility is one in 29. Additionally, in women aged 70 and older, there is a one in 26 is at risk of contracting the disease.8

A cross-sectional research of 96 female breast cancer patients was carried out to examine the QoL of breast cancer patients who were sent to the Surgical Department of King Salman Armed Forces Hospital in Saudi Arabia for therapy and follow-up. According to the study, one-third of the patients (31.3 %) were over 48 years of age and 29.2 % were in the aged 18-27 years.4 Another cross-sectional research was performed on 100 breast cancer patients, the study depicts that the mean age was 60 year for these women.9

The study's results in terms of their QoL confirm that the domains of emotional, social and role functioning of such quality were affected due to emerging breast cancer. Such effect is well-noticed in the low levels of these domains. A comprehensive systematic review was conducted and meta-analysis has examined a total of 9012 patients with breast cancer. The results revealed that the domain of social functioning of the QoL is found to be highly influenced by breast cancer. Those who had finished the therapy scored better on QoL than those who were still undergoing treatment.10

A case-control study, on a total of 356 breast cancer survivors was conducted and breast cancer survivors reported poor QoL in the domain of cognitive performance.11 A cross-sectional study of 140 patients with breast cancer was performed and the findings showed that breast cancer has a massive influence on the physical and role functioning components of these women's QoL.12 Another cross-sectional research of 96 women with breast cancer revealed that cancer stage is significantly influenced the physical and social functioning.4

Conclusion

Breast cancer affects many elements of life, but it has the largest influence in modern culture on social and emotional functioning, as well as role functioning. A multidisciplinary team working with affected women would be advantageous in enhancing the QoL of breast cancer patients, particularly in the most compromised aspects of their health.

Ethics

Written permission has not been sought from the local ethics committee, since it was a non-invasive and non-interventional study. This publication contains no data that could reveal the identity of the participating patients.

Acknowledgement

None.

Conflicts of interest

The authors declare no conflict of interest.
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**Data access**

The data that support the findings of this study are available from the corresponding author upon reasonable individual request.

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**References**


