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## Role of gynae-oncology specialist nurses in improving quality of life assessment in ovarian cancer: Experience from a tertiary referral center in Eastern India

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**Background:** Quality of Life (QOL) assessment is a relatively new concept in patients and care providers in India. Patients are generally not forthcoming for self-reporting of PROM (Patient Reported Outcome Measures). At Tata Medical Center, dedicated clinical nurse specialists are involved in a QOL study in ovarian cancer (SOCQER-IND).

**Objectives:** To assess whether pre and post-operative counseling and follow up by oncology specialist nurses lead to (1) Increase patient participation in self-reporting of PROM and increase uptake of other patient initiated methods of documenting QOL symptoms like telephone interview, postal and email services, (2) Detection of early recurrence through symptom questionnaire by telephonic follow-up, and (3) Reduction of patient follow up appointments and distress by coordinating with other departments i.e., palliative care team and gynae/medical oncology at same visit.

**Materials & Methods:** It is a prospective study. SPAQ (Symptom Palliation Assessment Questionnaire developed in house), OVO 28, CR 29, PR 25 and EORTC QLQ C-30 questionnaires were used to assess QOL pre and post op and during follow up visits after thorough counseling by a specialist nurse and social worker.

**Results:** Between June 2016 to June 2017, 76 patients were assessed preoperatively; 66 and 30 patients were assessed at 6 weeks and 6 months follow-up period. Compared to the pre-operative period, there was significant improvement in symptoms (very much/moderate to none; symptom score 3/4 to 1) including abdominal pain, bloating, frequent bowel movement and urinary urgency/frequency/ incontinence at 1 month and 6 month follow-up period. There was increase (score from 1 to 3/4) in the following symptoms at 6 months due to chemotherapy: Tingling sensation, numbness, weakness and muscle pain. Early referral to palliative care team was integrated in 25 out of 76 women. At follow up visits, women were comfortable in self-reporting of symptoms to the nurse including sensitive issues like body image and sexuality even by non-face to face methods including telephone calls/emails and postal mails. In 3 women, follow up appointments were postponed due to symptoms and have resulted in early detection of recurrences.

**Conclusion:** Counseling, education and building up of interpersonal relationship with specialist nurses can improve patient participation, satisfaction and follow up in resource poor conditions. This can help in early detection of recurrences and integrated palliation of symptoms.

### Biography

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