

Caroline meets HANNA – Holistic Analysis of longterm survivors with ovarian cancer”

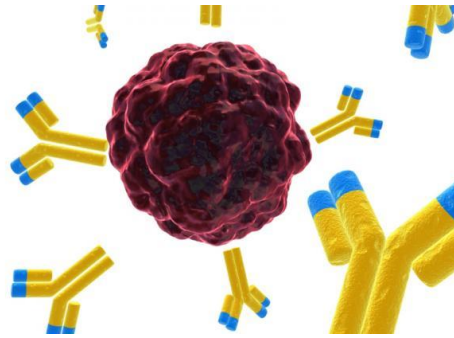
Expression VI



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Background

- Ovarian cancer – highest mortality of all gynecological malignancies – 5-year survival rate 40%
- 75-80% of patients diagnosed with FIGO III/IV have recurrent disease/tumor progression¹
- 5-year survival rate after first relapse 8.7%¹



Why do some patients survive more than 8 years?



Expression VI

- International Survey of Longterm-Survivors
 - Paper-based and internet/app version
- Inclusion criteria:
 - Diagnosis of epithelial ovarian cancer ≥ 8 years
 - With/without recurrent disease
 - Any stage and grading



Expression VI

- **Basic history**
 - Age, time of diagnosis, stage, comorbidities, comedication
- **Treatment**
- **Side effects**
- **Follow-up visits**
- **Quality of life**
- **Lifestyle**
 - Smoking/drinking habits,
 - Physical activity,
 - Nutrition



Examples

From which side effects are you still suffering today?

- High blood pressure
- increased risk of infection (leukopenia)
- increased risk of bleeding (thrombocytopenia)
- Polyneuropathy (neurological disorder, malfunction of nerves throughout the body at the same time)
- Edema
- Nausea / vomiting
- Fatigue
- skin rash or skin infections
- wound healing disorder
- Diarrhea
- Constipation
- Anemia
- Stomach ache
- hair loss



Examples

What do you think is the cause of your illness?

- Stress in the family
- Stress at work
- Nutrition
- Inflammation
- Environmental factors
- Hormone replacement therapy
- Contraception

Others:



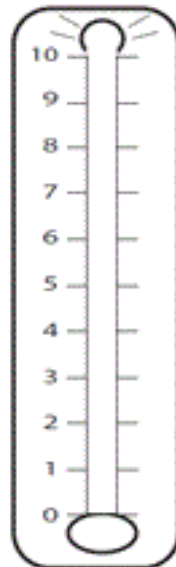
Examples

NCCN Distress Thermometer for Patients

SCREENING TOOLS FOR MEASURING DISTRESS

Instructions: First please circle the number (0-10) that best describes how much distress you have been experiencing in the past week including today.

Extreme distress



No distress

Second, please indicate if any of the following has been a problem for you in the past week including today. Be sure to check YES or NO for each.

YES NO Practical Problems

- Child care
- Housing
- Insurance/financial
- Transportation
- Work/school
- Treatment decisions

Family Problems

- Dealing with children
- Dealing with partner
- Ability to have children
- Family health issues

Emotional Problems

- Depression
- Fears
- Nervousness
- Sadness
- Worry
- Loss of interest in usual activities

- Spiritual/religious concerns

YES NO Physical Problems

- Appearance
- Bathing/dressing
- Breathing
- Changes in urination
- Constipation
- Diarrhea
- Eating
- Fatigue
- Feeling Swollen
- Fevers
- Getting around
- Indigestion
- Memory/concentration
- Mouth sores
- Nausea
- Nose dry/congested
- Pain
- Sexual
- Skin dry/itchy
- Sleep
- Substance abuse
- Tingling in hands/feet

Other Problems: _____

Examples

What are you doing to influence the course of your disease favorably?

- I strictly follow the instructions of my doctors
- I eat healthier food
- I live more consciously and take more time for myself
- I spend more time outside
- I use alternative therapies in addition to my cancer therapy
- I try to think positive
- I fight against the disease and not let myself get down
- I am physically more active



Thank you very much for your attention.

We are looking forward to your participation.

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