

Review of: "Quality of Life and Its Predictor Factors Among Iranian Gastrointestinal Cancer Survivors"

Renan Alves Silva¹

¹ Universidade Federal de Campina Grande

Potential competing interests: No potential competing interests to declare.

Introduction

The authors must contextualize what is already known about the factors related to the quality of life of people with colorectal cancer.

Review studies:

Molenaar CJ, van Rooijen SJ, Fokkenrood HJ, Roumen RM, Janssen L, Slooter GD. Prehabilitation versus no prehabilitation to improve functional capacity, reduce postoperative complications and improve quality of life in colorectal cancer surgery.

Cochrane Database Syst Rev. 2022 May 19;5(5):CD013259. doi: 10.1002/14651858.CD013259.pub2.

Vonk-Klaassen SM, de Vocht HM, den Ouden ME, Eddes EH, Schuurmans MJ. Ostomy-related problems and their impact on quality of life of colorectal cancer ostomates: a systematic review. Qual Life Res. 2016 Jan;25(1):125-33. doi: 10.1007/s11136-015-1050-3. Epub 2015 Jun 30.

Cheng V, Oveisi N, McTaggart-Cowan H, Loree JM, Murphy RA, De Vera MA. Colorectal Cancer and Onset of Anxiety and Depression: A Systematic Review and Meta-Analysis.

Curr Oncol. 2022 Nov 15;29(11):8751-8766. doi: 10.3390/curroncol29110689.

Eyl RE, Xie K, Koch-Gallenkamp L, Brenner H, Arndt V. Quality of life and physical activity in long-term (5 years post-diagnosis) colorectal cancer survivors - systematic review.

Health Qual Life Outcomes. 2018 Jun 1;16(1):112. doi: 10.1186/s12955-018-0934-7.

Waddell O, Mclauchlan J, McCombie A, Glyn T, Frizelle F. Quality of life in early-onset colorectal cancer patients: systematic review. BJS Open. 2023 May 5;7(3):zrad030. doi: 10.1093/bjsopen/zrad030.

Son H, Son YJ, Kim H, Lee Y. Effect of psychosocial interventions on the quality of life of patients with colorectal cancer: a systematic review and meta-analysis.

Health Qual Life Outcomes. 2018 Jun 8;16(1):119. doi: 10.1186/s12955-018-0943-6.

IMeng X, Wang X, Dong Z. mpact of non-pharmacological interventions on quality of life, anxiety, and depression scores

in patients with colorectal cancer: a systematic review and meta-analysis of randomized controlled trials.

Support Care Cancer. 2021 Oct;29(10):5635-5652. doi: 10.1007/s00520-021-06185-x. Epub 2021

Kim YM, Lee JE. Dyadic Effects of Psychological Health on Quality of Life in Patients with Colorectal Cancer and Caregivers: A Systematic Review and Meta-Analysis.

Semin Oncol Nurs. 2023 Oct;39(5):151477. doi: 10.1016/j.soncn.2023.151477. Epub 2023 Jul 24.

Cabilan CJ, Hines S. The short-term impact of colorectal cancer treatment on physical activity, functional status and quality of life: a systematic review.

JBIS Database System Rev Implement Rep. 2017 Feb;15(2):517-566. doi: 10.11124/JBISRIR-

Naeimabadi Z, Bana Derakhshan H, Rassouli M, Ebadi A. Health-related quality of life and related factors in patients with colorectal cancer in Iran: a systematic review. Ann Med Surg (London). 2024 Feb 6;86(4):2088-2097. doi: 10.1097/MS9.0000000000001058.

da Silva Bezerra KH, de Oliveira MVL, do Nascimento IJB, de Barros Rocha L, de Souza Filho LEC, Rocha RSB, da Silva ML, da Costa Cunha K. Physical Exercise and Quality of Life of Patients Diagnosed with Colorectal Cancer: Systematic Literature Review. J Gastrointest Cancer. 2021 Mar;52(1):17-22. doi: 10.1007/s12029-020-00506-9.

Feier CVI, Paunescu IA, Faur AM, Cozma GV, Blidari AR, Muntean C. Sexual Functioning and Impact on Quality of Life in Patients with Early-Onset Colorectal Cancer: A Systematic Review.

Otto SJ, Korfage IJ, Polinder S, van der Heide A, de Vries E, Rietjens JA, Soerjomataram I.

Association of changes in physical activity and body weight with quality of life and mortality in colorectal cancer: a systematic review and meta-analysis. Support Care Cancer. 2015 May;23(5):1237-50. doi: 10.1007/s00520-014-2480-0. Epub 2014 Oct

It is therefore noted that there are already different studies of good methodological quality that have been published and that are already capable of synthesizing and systematizing good evidence on the topic. Therefore, the question arises: what is not known about the factors related to the quality of life of people with colorectal cancer? What new does this study bring that could help contribute new evidence to this topic? Why is it necessary to study new factors related to the quality of life of people with colorectal cancer that are not contained in the literature?

Furthermore, considering that there is a synthesis of recent evidence from your country: Health-related quality of life and related factors in patients with colorectal cancer in Iran: a systematic review.

Naeimabadi Z, Bana Derakhshan H, Rassouli M, Ebadi A. Ann Med Surg (London). 2024 Feb 6;86(4):2088-2097. doi: 10.1097/MS9.0000000000001058.

In the systematic review conducted, factors such as age, sex, housing conditions, education, occupation, monthly income,

health plan, physical activity, performance status, and comorbidities were identified as having a significant relationship with QoL in patients with CRC. In summary, the results of the five studies that were part of this systematic review revealed that Iranian patients with CRC had a moderate to good QoL. Therefore, health managers and policymakers can create psychological counseling programs with an emphasis on factors that affect patients' QoL, in light of how crucial it is to increase patients' understanding of the long-term impacts of CRC and how these affect their health. QoL.

Therefore, report in the introduction what will be the great difference of this study that will fill a new gap in knowledge.

Methods

Why was the data only collected between January and October 2019?

Regarding the inclusion criteria, how was communication ability assessed? Why were those over 80 years old excluded from the study? Based on what aspect is this justified? Is there any bias related to the respective conditions imposed?

What statistical parameters were used to calculate the sample size?

How were the following variables collected: blood pressure, blood glucose, complete blood count, BUN, creatinine,...)?

Was it made available to individuals at the time of collection? Or was it verified using medical record data? How was patients' physical activity classified? Did you take into account another aspect besides time?

What is the evidence of exploratory and confirmatory validity of the primary outcome to be assessed using this instrument in that population in other Iranian populations? How can we ensure that the cross-cultural adaptation of this instrument adequately responds to what it needs to measure?

How was the quality of life scale completed if most of the interviewees were illiterate? Was it by self-completion or through verbal reporting conducted by a team of collectors?

Who was the data collection team? How were measurement biases reduced? Did any training take place with the collectors? What was the workload? How were the first observations made?

Results

I recommend that table 2 be restructured, initially placing the item that will be evaluated, followed by the mean, standard deviation, and proportion of the presence of the item to be evaluated.

How are the scale items evaluated? How was it possible to generate linear regression models for functionality and symptoms? How did this happen?

It is recommended that in Tables 3, 4, and 5, the value of the OR and its confidence interval be presented in the linear regression model in order to assess whether they are risk or protective factors within the model, as well as the meaning must be provided of b. It is noted that through the values of the coefficient b, the sum is not confirmed through the values. Therefore, it assumes that there are negative b values.

Discussion

What are the reasons that justify the worse quality of life of people with colorectal cancer? What is the process and way of life like for these people? What other limiting physical conditions can occur in these people? It is important that the authors discuss what was new in this study, as previously described in the introduction. What gap does this study fill in the

literature?

Furthermore, it is not possible to consistently evaluate the discussion since the values of the b coefficients are unknown, and this may compromise the understanding at this point of the relationships established within the regression model.

What limitations are typical of this type of study that make it difficult to generalize the data from this study?

Conclusion

The conclusion is quite general. Its results report factors that are modifiable and non-modifiable. Review your conclusions, highlighting what can be accomplished with this set of factors considering their specificities. How to overcome problems that are chronic for these individuals, such as hypertension and insufficient physical activity. Will it be possible to join a treatment regimen for those who do not recognize behavioral changes as the way out?