Functional recovery in older women undergoing surgery for gynaecological malignancies: a systematic review and narrative synthesis

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Why this question is important

What do we know about functional outcomes following gynaecology surgery?
Methodology

Inclusion:
1. Mean/median patient age >60
2. GynaeOncology surgery
3. Pre-operative, post-operative and change in function

- EORTC QLQ c30 PF2, RF2 and SF only
- SF-12 26only
- SF-36 limitation of activities, physical health problems and social activities only
- Karnofsky Performance Status
- PROMIS GB 08-09 only
- FACT-GP - PWB 3 + 6, FWB 1 + 2 only
- MDASI - Part II only
- ED5Q3L - mobility, self-care, usual activities.
- FACT-G - PWB 3 + 6, FWB 1 + 2 only
- Veterans RAND 12
- CARES
- 3LNQ if reported as individual items (physical activity, restrictions in daily activity only)
- Life Space Assessment

Exclusion criteria:
- Review articles
- Median/Mean age >60
- Not having surgery
- Not cancer surgery
- No baseline functional assessment
- No follow-up functional assessment
- Last follow-up assessment < 6/52 post-op.

Records identified through database searching (n = 1008)
Records after duplicates removed (n = 476)
Records screened (n = 476)
Records excluded (n = 415)
Full-text articles assessed for eligibility (n = 61)
Studies included in qualitative synthesis (n = 15)
Studies included in quantitative synthesis (meta-analysis) (n = 0)

Full-text articles excluded, with reasons (n = 48)
- Mean/Med Age < 60 (33)
- Excluded HRQOL tool (2)
- FACT G without composite breakdown (1)
- Review/SR (4)
- No surgery (2)
- Conference abstract (1)
- 2 publications using same data (1)
- No raw baseline/follow-up functional data available (2)
- Unable to access full paper (2)
- Additional full text articles included after forward citation (2)
Results and interpretation

Results:
- 1008 to 15 studies
- Heterogeneity precluding meta-analysis
- 8 Endo, 2 Ov, 2 Vulv, 3 mixed
- 1/15 used a validated functional Ax tool

More studies showed full recovery to baseline (n=12) than incomplete recovery (n=3)

There was no association between pattern of functional change and cancer site.

Recovery more likely and faster in MIS

1 study showed failure to recover baseline function in >70 cf < 70 years

Few studies reported on baseline characteristics and none examined associations with functional recovery