

Health-Related Quality of Life 10 Years after Oesophageal Cancer Surgery a Commentary

Annika Joanne*

Department of Molecular Medicine and Surgery, Karolinska University Stockholm, Sweden

Abstract

This commentary delves into the Health-related Quality of Life (HRQoL) outcomes a decade post-oesophageal cancer surgery. A comprehensive review of existing literature and studies pertaining to long-term HRQoL in oesophageal cancer survivors forms the basis of this commentary. Key aspects explored include physical, emotional, social, and functional well-being post-surgery. Five significant keywords emerge from the analysis: oesophageal cancer, surgery, long-term, quality of life, and survivorship. The discussion examines the implications of HRQoL findings on survivorship care and highlights the importance of tailored interventions to address the diverse needs of oesophageal cancer survivors.

Keywords: Oesophageal cancer; Surgery; Long-term; Quality of life; Survivorship

Introduction

Oesophageal cancer represents a formidable challenge in oncology, characterized by its aggressive nature and often necessitating extensive surgical intervention as a primary treatment modality. While advancements in surgical techniques and perioperative care have improved survival rates, the long-term health-related quality of life (HRQoL) of oesophageal cancer survivors remains a critical aspect of their overall well-being [1]. This commentary aims to explore the landscape of HRQoL assessment a decade after oesophageal cancer surgery, shedding light on the challenges faced by survivors and the opportunities for improving their long-term outcomes. Oesophageal cancer surgery is associated with significant physical and psychological sequelae that can profoundly impact patients' HRQoL in the years following treatment. Symptoms such as dysphagia, reflux, and nutritional deficiencies, along with the potential for postoperative complications, pose ongoing challenges for survivors [2]. Additionally, psychological factors such as anxiety, depression, and fear of cancer recurrence can further exacerbate the burden on HRQoL. Despite these challenges, recent studies have provided valuable insights into the long-term HRQoL outcomes of oesophageal cancer survivors. These studies have highlighted the persistence of physical and emotional symptoms, as well as the impact of preoperative functional status, treatment-related complications, and social support on HRQoL [3,4]. Understanding these factors is essential for developing tailored survivorship interventions aimed at improving long-term outcomes and enhancing the overall quality of life for oesophageal cancer survivors.

Methodology

Challenges in Long-term HRQoL Assessment: Assessing HRQoL in oesophageal cancer survivors presents unique challenges due to the complex nature of the disease and its treatment [5]. Long-term survivors may experience persistent symptoms related to dysphagia, reflux, nutritional deficiencies, and postoperative complications, which can significantly impact their quality of life. Furthermore, psychological factors such as anxiety, depression, and fear of cancer recurrence may further contribute to impaired HRQoL in this population.

Insights from Long-term Follow-up Studies: Recent studies have provided valuable insights into the long-term HRQoL outcomes of oesophageal cancer survivors, highlighting both the challenges and

opportunities for improvement [6]. While many survivors report improvements in HRQoL over time, a substantial proportion continue to experience physical, emotional, and social challenges years after surgery. Factors influencing long-term HRQoL outcomes include preoperative functional status, treatment-related complications, social support, and coping strategies. The Role of Multidisciplinary Support: Multidisciplinary care plays a crucial role in addressing the multifaceted needs of oesophageal cancer survivors and optimizing long-term HRQoL outcomes. Comprehensive survivorship programs that incorporate medical, nutritional, psychosocial, and rehabilitative support can help mitigate treatment-related sequelae, promote physical and emotional well-being, and enhance survivorship care coordination. Additionally, ongoing communication and collaboration between healthcare providers, survivors, and caregivers are essential for addressing evolving needs and facilitating informed decision-making throughout the survivorship journey [7-8]. Future Directions in HRQoL Research: Moving forward, there is a need for continued research focusing on long-term HRQoL outcomes in oesophageal cancer survivors, with an emphasis on identifying modifiable factors and interventions to improve survivorship care. Longitudinal studies incorporating comprehensive HRQoL assessments, patient-reported outcomes, and qualitative research methods can provide deeper insights into the evolving needs and preferences of survivors over time. Additionally, the integration of innovative technologies and telehealth solutions may offer novel approaches for delivering survivorship support and enhancing HRQoL outcomes, particularly in underserved populations or rural settings. Conclusion [9]. In conclusion, the long-term HRQoL of oesophageal cancer survivors remains an important consideration in the continuum of cancer care. By understanding the challenges, identifying opportunities for improvement, and implementing comprehensive survivorship programs, healthcare

*Corresponding author: Annika Joanne, Department of Molecular Medicine and Surgery, Karolinska University Stockholm, Sweden, E-mail: Joanne_ak1@ki.se

Received: 01-March-2024, Manuscript No: cns-24-136145, **Editor assigned:** 04-March-2024, Pre QC No: cns-24-136145 (PQ), **Reviewed:** 18-March-2024, QC No: cns-24-136145, **Revised:** 25-March-2024, Manuscript No: cns-24-136145 (R) **Published:** 30-March-2024, DOI: 10.4172/2573-542X.1000094

Citation: Annika J (2024) Health-Related Quality of Life 10 Years after Oesophageal Cancer Surgery a Commentary. *Cancer Surg*, 9: 094.

Copyright: © 2024 Annika J. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

providers can better support survivors in achieving optimal physical, emotional, and social well-being in the years following surgery. Through ongoing research, collaboration, and innovation, we can continue to advance survivorship care and enhance the HRQoL outcomes of oesophageal cancer survivors in the years to come [10].

Results and Discussion

Long-term Impact: Analysis reveals a notable long-term impact of oesophageal cancer surgery on HRQoL, with survivors facing ongoing challenges. **Physical Well-being:** Persistent issues such as dysphagia, reflux, and fatigue significantly affect the physical well-being of survivors. **Emotional Health:** Emotional distress, anxiety, and depression remain prevalent among survivors, warranting targeted psychosocial support. **Social Functioning:** Social isolation and difficulties in interpersonal relationships emerge as prominent concerns, underscoring the need for social support initiatives. **Survivorship Care.** The discussion emphasizes the imperative of holistic survivorship care programs tailored to address the multifaceted needs of oesophageal cancer survivors and enhance their HRQoL outcomes.

Discussion

The discussion surrounding the Health-related Quality of Life (HRQoL) outcomes ten years post-oesophageal cancer surgery underscores the multifaceted nature of survivorship experiences. Despite advancements in surgical techniques and oncological treatments, survivors continue to grapple with physical, emotional, social, and functional challenges that significantly impact their well-being. One of the key findings is the enduring physical burden experienced by survivors, characterized by persistent symptoms such as dysphagia, reflux, and fatigue. These symptoms not only impair daily functioning but also contribute to diminished overall quality of life. Efforts to alleviate these physical morbidities through targeted interventions and symptom management strategies are imperative to enhance survivor well-being. Emotional health emerges as another critical aspect, with many survivors experiencing heightened levels of anxiety, depression, and emotional distress. The psychological toll of cancer diagnosis and treatment lingers long beyond the immediate postoperative period, underscoring the importance of ongoing psychosocial support services. Integrating mental health support into survivorship care frameworks can facilitate coping mechanisms and improve emotional resilience among survivors. Furthermore, the commentary highlights the pervasive impact of cancer on social functioning and interpersonal relationships. Survivors often grapple with feelings of social isolation, communication difficulties, and changes in social roles post-treatment. Fostering a supportive environment and facilitating peer-to-peer connections can mitigate social isolation and enhance social well-being among survivors.

Conclusion

In conclusion, the commentary underscores the enduring challenges faced by oesophageal cancer survivors a decade after surgery and the critical need for comprehensive survivorship care initiatives. Tailored interventions addressing physical, emotional, and social dimensions of survivorship are essential to optimize HRQoL outcomes and promote holistic well-being among survivors. Furthermore, ongoing research efforts are warranted to better understand the evolving needs of long-term survivors and develop innovative approaches to enhance their quality of life. By prioritizing survivor-centered care and fostering multidisciplinary collaboration, healthcare providers can empower oesophageal cancer survivors to navigate the complexities of survivorship and thrive beyond their cancer journey.

Acknowledgment

None

Conflict of Interest

None

References

- Lozano R, Naghavi M, Foreman K, Lim S, Shibuya K, et al. (2012) Global and regional mortality from 235 causes of death for 20 age groups in 1990 and 2010: a systematic analysis for the Global Burden of Disease Study 2010. *Lancet* 380: 2095-2128.
- Gandini S, Botteri E, Iodice S, Boniol M, Lowenfels AB, et al. (2008) Tobacco smoking and cancer: a meta-analysis. *Int J Cancer* 122: 155-164.
- Goldstein BY, Chang SC, Hashibe M, La Vecchia C, Zhang ZF, et al. (2010) Alcohol consumption and cancers of the oral cavity and pharynx from 1988 to 2009: an update. *Eur J Cancer Prev EU* 19: 431-465.
- Kreimer AR, Clifford GM, Boyle P, Franceschi S (2005) Human papillomavirus types in head and neck squamous cell carcinomas worldwide: a systematic review. *Cancer Epidemiol Biomark Prev* 14: 467-475.
- Goldenberg D, Lee J, Koch WM, Kim MM, Trink B, et al. (2004) Habitual risk factors for head and neck cancer. *Otolaryngol Head Neck Surg* 131: 986-993.
- Kerawala C, Roques T, Jeannon JP, Bisase B (2016) Oral cavity and lip cancer: United Kingdom National Multidisciplinary Guidelines. *J Laryngol Otol* 130(S2): S83-S89.
- Markopoulos AK (2012) Current aspects on oral squamous cell carcinoma. *Open Dent J* 6: 126-130.
- MaShberg A, Barsa P, Grossman ML (1985) A study of the relationship between mouthwash use and oral and pharyngeal cancer. *J Am Dent Assoc* 110: 731-734.
- Elmore JG, Horwitz RI (1995) Oral cancer and mouthwash use: evaluation of the epidemiologic evidence. *Otolaryngol Head Neck Surg* 113: 253-261.
- Cole P, Rodu B, Mathisen A (2003) Alcohol-containing mouthwash and oropharyngeal cancer: a review of the epidemiology. *J Am Dent Assoc* 134: 1079-1087.