

Intraperitoneal Chemotherapy

The lived experiences of Taiwanese patients with ovarian cancer

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BACKGROUND: Intraperitoneal (IP) chemotherapy is often a preferred treatment for ovarian cancer because of its clinical benefits, but research on the experiences of patients receiving IP chemotherapy is limited.

OBJECTIVES: The purpose of this article is to explore the lived experiences of Taiwanese patients diagnosed with ovarian cancer who have received at least one cycle of IP chemotherapy.

METHODS: A semistructured interview guide was used to collect data. Interviews were analyzed using a qualitative content analysis.

FINDINGS: The following themes emerged from the data: (a) feeling extreme anxiety and uneasiness related to IP chemotherapy; (b) experiencing specific symptoms related to IP chemotherapy injection; (c) experiencing unexpected or severe physical issues and psychological discomfort during the treatment period; (d) feeling isolated from people during the treatment period; (e) learning how to manage adverse effects from IP chemotherapy; (f) worrying about families, illness progression, and the future; and (g) receiving support from others and accepting the diagnosis.

KEYWORDS

ovarian cancer; intraperitoneal chemotherapy; lived experiences; qualitative analysis

DIGITAL OBJECT IDENTIFIER

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EPITHELIAL OVARIAN CARCINOMA, WHICH REPRESENTS AS MANY AS 90% of ovarian cancers, is the deadliest female reproductive cancer and the fifth leading cause of cancer-related deaths among women (American Cancer Society, 2019; Siegel, Miller, & Jemal, 2018). Standard treatment for advanced epithelial ovarian carcinoma includes cytoreduction surgery combined with chemotherapy (Tempfer, Hartmann, Hilal, & Reznicek, 2017). Staging is determined based on surgical results, which indicate the extent of the primary tumor and whether the cancer has metastasized. Because ovarian cancer often lacks overt symptoms and early screening methods are limited, most women are diagnosed with advanced-stage metastatic peritoneal disease. Although the survival rate for patients diagnosed with ovarian cancer during the first five years of the disease exceeds 90%, the survival rate for patients diagnosed with stage III or IV disease is only 29%. The overall survival rate for ovarian cancer is less than 50%, with as many as 70% of patients likely to experience recurrent disease (Ovarian Cancer Research Alliance, n.d.).

Background

Intraperitoneal chemotherapy (IP) has become a standard treatment for epithelial ovarian cancer because of its pharmacokinetic advantages and the positive results from three large prospective randomized trials (Gynecology Oncology Group 104, 114, and 172). Studies have suggested that IP chemotherapy is beneficial because it includes a higher concentration of the cytotoxic agent, has a longer half-life in the peritoneal cavity, and reduces the risk for micro-metastasis and toxic effects of systemic chemotherapy (Jewell, McMahon, & Khabele, 2018; van Driel et al., 2018). According to Armstrong et al. (2006), women receiving IP chemotherapy have a median overall survival rate of 65.6 months, whereas women receiving IV chemotherapy have a median overall survival rate of 49.7 months. Based on a meta-analysis of well-designed randomized clinical trials, Jaaback, Johnson, and Lawrie (2016) reported that IP chemotherapy administration resulted in a significant improvement in overall survival and progression-free survival in patients with ovarian cancer. However, the benefits of IP chemotherapy for the management of epithelial ovarian cancer are still debated. The clinical outcomes of IP chemotherapy have not been supported across all phase 3 trials. In a randomized phase 3 trial (Gynecology Oncology Group