

INFORMATION ON NEW RESULTS OF THE THESIS TO BE PUBLISHED ON THE MINISTRY OF EDUCATION AND TRAINING WEBSITE

Thesis title: Status of quality of life, related factors among female patients with lower genital tract cancer, and effectiveness of intervention solutions at K Hospital (2020 - 2021), with the following objectives:

- To describe the status of quality of life among female patients with lower genital tract cancer at K Hospital, Facility 3 in 2020 - 2021.
- To determine several factors related to the quality of life of the above research subjects.
- To evaluate the effectiveness of psychological support interventions in improving the quality of life of female patients with lower genital tract cancer at K Hospital, Facility 3 in 2020 - 2021.

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Summary of new conclusions of the thesis:

Through a cross-sectional descriptive study on 700 female patients with lower genital tract cancer (LGTCC) and a pre-post intervention study without a control group on 350 patients at K Hospital, Facility 3 in 2020 - 2021, using the EORTC QLQ-C30 questionnaire and the personal stress indicator scale, the thesis draws the following new conclusions:

1. Status of quality of life (QoL) of female patients with lower genital tract cancer at K Hospital, Facility 3

- LGTCC patients mainly suffered from cervical cancer (59.1%) and ovarian cancer (23.3%); 43.7% were at stage III and 14.1% at stage IV; 35.6% were aged 60 and above; treatment mainly involved radiotherapy or a combination of radiotherapy and surgery.
- 81.6% of patients perceived their health as poorer compared to before diagnosis, and 80.3% believed that cancer significantly or very significantly affected their quality of life (QoL).
- The overall QoL score was 60.5 ± 19.2 . Among functional domains, physical functioning was the highest (79.0 ± 20.2), followed by cognitive (75.1 ± 24.4) and emotional functioning (73.0 ± 22.0); the lowest were social functioning (63.4 ± 28.7) and role

functioning (64.1 ± 30.0). Among symptoms, financial difficulties had the highest score (48.6 ± 28.6), followed by fatigue (33.0 ± 26.6), insomnia, and loss of appetite (both 29.2). Functional domains positively correlated (r from 0.726 to 0.822) and symptom domains negatively correlated with the overall QoL score ($p < 0.01$); fatigue, pain, and financial difficulties were symptoms with strong negative correlations.

2. Factors related to the quality of life of female patients with lower genital tract cancer

- Multivariate linear regression analysis ($p < 0.05$) showed lower QoL in older patients (coefficient of -0.41 for each year of age); in worker-farmer groups (-10.27), retired (-12.69), and unemployed ($-12.69 / -26.30$) compared to office workers and civil servants; in financially dependent patients (-12.16) and those with poorer family economic status (-11.31 to -16.44). Higher education (high school: $+3.24$; above high school: $+11.03$) and not having to discontinue treatment due to financial constraints ($+14.03$) were associated with better QoL.
- Regarding disease status and treatment, QoL was lower in stage IV patients (-20.58 compared to stage I) and in patients diagnosed for over 1 year (-4.64); higher in patients without comorbidities ($+6.55$), patients undergoing 2 - 3 treatment courses ($+6.66$ compared to 1 course), and patients receiving 2 or more treatment methods ($+5.48$ compared to 1 method). The results help identify early patient groups at risk for low QoL and demonstrate the need for multidimensional support, combining medicine with psychosocial care in managing LGTCC patients.

3. Effectiveness of psychological support interventions in improving the quality of life of female patients with lower genital tract cancer

- Based on the current status and related factors, the thesis developed and implemented a comprehensive "Mind-Body" support model in the form of a cancer support group, consisting of 8 thematic group psychological counseling sessions (2 sessions/week for 1 month), peer support in small groups of 6 - 10 people, personalized counseling according to psychological stages, and Yoga practice, conducted either in-person or online right during the patients' hospital treatment.
- After 6 months ($n = 350$), the overall QoL score increased from 60.8 ± 18.4 to 72.7 ± 16.5 ($p < 0.001$). All 5 functional domains improved with statistical significance: role functioning ($69.0 \rightarrow 81.0$), emotional functioning ($79.0 \rightarrow 87.4$), cognitive functioning ($72.0 \rightarrow 83.8$), social functioning ($64.3 \rightarrow 73.8$), and physical functioning ($88.1 \rightarrow 90.3$). Symptoms such as fatigue ($23.4 \rightarrow 18.2$), nausea - vomiting ($35.4 \rightarrow 28.6$), dyspnea ($29.7 \rightarrow 23.0$), insomnia ($34.5 \rightarrow 24.2$), and pain ($16.0 \rightarrow 14.8$) decreased significantly; financial difficulties remained unchanged ($p = 0.294$), and loss of appetite did not improve. QoL improved in stages II, III, and IV patients but not significantly in stage I; it improved across all types of LGTCC, most notably in cervical cancer ($62.5 \rightarrow 74.0$).

- The proportion of patients achieving good personal stress indicators increased with statistical significance ($p < 0.05$): physical indicators from 74.6% to 84.6%, sleep from 53.1% to 67.4%, behavior from 91.7% to 96.6%, and emotions from 62.6% to 76.3%; personal habit indicators showed no improvement (87.7% to 82.6%).
- Initial results demonstrate that the integrated group psychological intervention model incorporating counseling, peer support, and Yoga is feasible and effective in the context of oncology hospitals in Vietnam, serving as a basis for incorporating psychological support into cancer patient care procedures; its effectiveness needs further confirmation through controlled studies with longer follow-ups.