

**FORMAT OF FULL VERSION OF RESEARCH REPORT  
 TO BE UPLOADED IN THE IREP**

- Guidelines for writing the Research Report
- Report should be written in 'Times New Roman 12' Font, with 1.5 line spacing
  - Report should be between 5- 10 pages (excluding references)
  - Report must be in English (Applicable for Research in Arabic as well)
  - Any graphic must be in JPEG

➤ The arrangement of the of Research Report is as follow:

<b>PROJECT ID/TITLE:</b>	Quality Of Life Assessment In Head And Neck Cancer Survivors: A Follow-Up Study In East Coast Of Malaysia.
<b>PROJECT SPONSOR:</b>	IIUM (RIGS) 2015
<b>AUTHOR NAME(S):</b>	Asst. Prof. Dr. Salizar Mohamed Ludin
<b>DEPARTMENT/KULLIYAH/INSTITUTE/CENTRE:</b>	Critical Care Nursing/ Kulliyah of Nursing
<b>ABSTRACT:</b>	<p><b>Introduction:</b> Head and neck cancer is the fifth most common cancer in Malaysia. Head and neck cancer survivors have potential negative effects of the tumour itself and its treatment on various functions such as swallowing, speaking, tasting, and smiling as well as on their appearance which will affect their quality of life. It also may lead to facial deformities or permanent changes in speech and expression which can effect social and emotional. Studies conclude that the complications after chemo-radiotherapy effect head and neck cancer survivor physically, psychologically and emotionally. Despite all the issues, quality of life of treatable head and neck cancer patients is unknown.</p> <p><b>Aim:</b> This study aims to measure the quality of life of treatable head and neck cancer patients before treatment and after 6 months of treatment.</p> <p><b>Methods:</b> In this study, a cohort study will be employed to fundamentally look into the actual situation of the head and neck cancer survivors' quality of life. The sample will be those from Ear, Nose &amp; Throat (ENT) clinic and dental clinic of 2 hospitals in East Coast Malaysia. Survey was done before and after 6 months of treatment using questionnaire quality-of-life cancer SURVIVOR (QOL-CS) and Quality-of-Life-Questionnaire-Head &amp; Neck 35 (QLQ-H&amp;N35). Semi-structured interview will be done by using recorder tape in each visit.</p> <p><b>Results:</b> The mean age of cancer detection was at 53 years, male (65%), married (85%) and squamous cell carcinoma being the most common (80%). Pharynx/ larynx were the most common site of tumour (50%) and surgeries were the most common treatment modality (75%). The mean score of QOL for HNC patient's post-treatments is 4.84, which is significantly lower than pre-treatments score (6.22). Mean symptoms score for post-treatments is 1.25, lower than pre-treatments score (1.58). Patients experienced substantial decrease in amount of pain killer consumed during</p>

	<p>post-treatments. In terms of Quality of life of head and neck cancer patients were at medium level but reducing; mean score 6.22 before treatment and 4.84 after treatment. Analysis showed only health history (p-value=0.011&lt;0.05; (p-value=0.012&lt;0.05) was directly significant with quality of life of HNC patients before and after the treatment. Post treatment showed only marital status (p-value=0.000&lt;0.05) factor associated with quality of life of HNC patients after the treatment.</p> <p><b>Conclusion:</b> Quality of life of the patient may reduce after treatment (medium level) and it could be due to underlying illnesses, the effect of other treatment or due to the advancement of cancer.</p>
<p><b>KEY WORDS:LIST AT LEAST FIVE KEYWORDS</b></p>	<p>Head and neck cancer, quality of life, treatment</p>
<p><b>INTRODUCTION:</b></p>	<p>Head and neck cancer is the fifth most common cancer in Malaysia. Head and neck cancer survivors have potential negative effects of the tumour itself and its treatment on various functions such as swallowing, speaking, tasting, and smiling as well as on their appearance which will affect their quality of life. Head and neck cancer affect such critical life functions as breathing, eating, speech, and swallowing. It also may lead to facial deformities or permanent changes in speech and expression which can effect social and emotional. Studies conclude that the complications after chemo-radiotherapy effect head and neck cancer survivor physically, psychologically and emotionally. Despite all the issues, quality of life of treatable head and neck cancer patients on spiritual well-being before and after treatment is unknown.</p>
<p><b>BACKGROUND:</b></p>	<p>Quality of life is a common to study the patient related diseases (King &amp; Hinds, 2012). World Health Organization (WHO) defines quality of life as individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns (World Health Organization Quality of Life, 1998). While, Fallowfield (2003) defines quality of life as illness and its treatment affects the psychological, social, and economic well-being, as well as the biological integrity, of individuals, any definition should be all encompassing while allowing individual components to be delineated.</p> <p>Similarly the Centre for Disease Control and Prevention (CDC) (2011) defines the concept of health-related quality of life (HRQOL) and its determinants that evolved since the 1980s encompasses those aspects of overall quality of life that can be clearly shown to affect health—either physical or mental. The study of quality of life patients allows the impact of different disease states or interventions on overall or specific aspects of quality of life to be determined.</p> <p>As stated in Cancer.net (2015), head and neck cancer (HNC) accounts for about 3% of all cancers in the United States and this year, an estimated 59,340 people (43,390 men and 15,950 women) will develop head and neck cancer. Consistently, head and neck cancer is one of the commonest cancers encountered in Malaysia and Asia. The 2006 National</p>

	<p>Cancer Registry showed head and neck cancer was the fifth most common cancer in Malaysia, and 2,884 cases were reported in the peninsula the highest number after female breast cancer (3,525) and higher than colorectal (2,866) and lung (2,048) cancer cases (Fong, 2012). The incidence of HNC in Peninsular Malaysia was reported as 8.5 per 100,000 populations (National Cancer Registry, Malaysia, 2006).</p> <p>According to Abdullah, Ahmad, Asha’asri, Razali &amp; Lemam (2014), head and neck cancer is a broad term, which comprises of epithelial malignancy involving upper aerodigestive tract such as paranasal sinus, nasal cavity, oral cavity, pharynx, larynx, and salivary gland. While, tobacco use, heavy alcohol use, and infection with the human papillomavirus (HPV) it increases the risk of many types of head and neck cancer (National Cancer Institute, n.d).</p> <p>Head and neck cancer treatment usually is radiotherapy, chemotherapy, and surgery. Wong et al., (2015) stated that early to locally advanced stage head and neck cancer can be treated with surgery, radiation with or without chemotherapy or a combination of both. When planning treatment, doctors consider how treatment might affect a person’s quality of life, such as how a person feels, looks, talks, eats, and breathes (Cancer.net, 2015).</p> <p>Early stage of head and neck cancer is stage I and stage II, while locally advance disease is stage IIA, stage IIB until stage IVA and B (Rodriguez, 2010). Surgery or radiation alone is often unsuccessful. As stated by Rodriguez (2010), concurrent chemotherapy and radiation improves loco regional control, overall survival and the risk of distant metastasis. However, no curative options exist for metastatic head and neck cancer and palliation of symptoms is the primary goal of care and chemotherapy combinations result in higher response rates with incremental toxicity (Rodriguez, 2010).</p> <p>Basically, the cancer itself will affect the quality of life of the patient. Moreover, when patient underwent the radiotherapy and chemotherapy, the complications of the treatments make patient’s quality of life reduce. But, not much study compares the quality of life head and neck cancer patients who are treatable. Therefore, treatable head and neck cancer patients’ quality of life before and after treatment need to be studied to improved patients’ perceived care and support or peaceful death</p>
<p><b>OBJECTIVES:</b></p>	<ul style="list-style-type: none"> <li>• To determine the association of socio-demographic factors and quality of life of head and neck cancer patients before and after treatment in Malaysia</li> <li>• To compare the pre-and post-treatments quality of life (QOL) in HNC patients</li> </ul>
<p><b>METHODOLOGY:</b></p>	<p>In this study, a cohort study was employed to fundamentally look into the actual situation of the head and neck cancer survivors’ quality of life. A total of 40 samples were those from Ear, Nose &amp; Throat (ENT) clinic and dental clinic of 2 hospitals in East Coast Malaysia with head and neck cancer cases. Survey were done before patient receive any treatment and after 6</p>

	<p>months of treatment using questionnaire quality-of-life cancer survivor (QOL-CS) and Quality-of-Life-Questionnaire-Head &amp; Neck 35 (QLQ-H&amp;N35). Semi-structured interviews were also done on those patients who volunteer to be involved in the study. Descriptive and inferential analyses were done to analyse the data.</p>
<p><b>FINDINGS:</b></p>	<p>The mean age of cancer detection was 53 years, majority of them were male (65%) and mostly were married (85%). On histopathological examination (HPE), squamous cell carcinoma was found to be the most common cell type carcinoma (80%). Pharynx/ larynx were the most common site of tumour (50%) and surgeries were the most common treatment modality (75%). The mean score of QOL for HNC patient’s post-treatments is 4.84, which is significantly lower than pre-treatments score (6.22). Mean symptoms score for post-treatments is 1.25, lower than pre-treatments score (1.58). Patients experienced substantial decrease in amount of pain killer consumed during post-treatments. In terms of Quality of life of head and neck cancer patients were at medium level but reducing; mean score 6.22 before treatment and 4.84 after treatment. Analysis showed only health history (p-value=0.011&lt;0.05; (p-value=0.012&lt;0.05) was directly significant with quality of life of HNC patients before and after the treatment. Post treatment showed only marital status (p-value=0.000&lt;0.05) factor associated with quality of life of HNC patients after the treatment.</p>
<p><b>CONCLUSION:</b></p>	<p>Quality of life of the patient reduced after treatment but still consider as medium level. Socio-demographic factors are worth to be considered when obtaining information during assessment to this population to improve patients’ perceived care and support, and symptom control during the course of treatment in order to promote optimum quality of life. QOL is negatively affected 6 month after the treatments, a significant deteriorates was observed in quality of life scores. But the respondents experienced fewer symptoms after 6 months of treatment. This might be due to the treatments that may have changed the HNC patients’ QOL and symptoms scores.</p>
<p><b>OUTPUT:</b></p>	<ol style="list-style-type: none"> <li>1. Paper for publications (submitted)             <ol style="list-style-type: none"> <li>a. Concept analysis - 1</li> <li>b. Survey paper - 2</li> </ol> </li> <li>2. Conference presentation             <ol style="list-style-type: none"> <li>a. Oral (QOL of HNC survivors: A conceptual analysis) - 2<sup>ND</sup>. Nursing conference, USM 2017</li> </ol> </li> </ol>
<p><b>FUTURE PLAN OF THE RESEARCH:</b></p>	<ol style="list-style-type: none"> <li>1. Recommendation:             <ol style="list-style-type: none"> <li>a. Exploration of patients’ and family needs during and after treatment in order to prepare for discharge.</li> <li>b. Development of discharge booklet to provide information on the pathway of survivors’ journey that will help to increase the quality of patients’ life after the treatment.</li> </ol> </li> </ol>

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**(A) FULL VERSION OF RESEARCH REPORT**

**(Compulsory for the principal researcher to prepare this report for the presentation of the result of the research project at the IIUM Seminar on Research Findings)**

- Kindly also submit a full-version of the research report