Objective: Understanding supportive care needs of women with gynecologic malignancies is essential. Providers may assume knowledge of these patients’ specific needs, and there are minimal data for this population. The purpose of this study is to assess supportive care needs of gynecologic oncology patients by creating and validating a novel survey instrument.

Method: A 40-item self-administered survey instrument was created. Institutional review board permission was obtained, and 100 surveys were administered at 1 site over 1 year to determine face validity. The surveys were then modified and reviewed by a licensed social worker, psychologist, and integrative medicine physician. Surveys were then administered to a cross-sectional sample of patients from 3 diverse academic gynecologic oncology practices for 6 months. Baseline age, disease site, and treatments given were collected from the medical record for comparison.

Results: Surveys were given to 279 patients (during survivorship or active treatment visits) at 3 sites. The response rate was 65%–94% depending upon site. Most patients correctly identified their disease site (201 of 260, 77%) and treatments utilized (225 of 257, or 87%, identified surgery and chemotherapy; 236 of 257, or 91%, reported radiation correctly). However, only 144 of 255 patients (56%) identified their stage correctly. With respect to symptoms, only 32 of 264 patients (12%) had pain, but 107 of 223 (48%) admitted to inadequate pain control. Patients reported significant worry about recurrence (118 of 264, 45%). They were less likely to admit to any sexual dysfunction including pain during sex or decreased sex drive and were less likely to utilize mind–body techniques. Most patients did not report utilizing support groups (94%), and only 47 of 263 (17.8%) were interested in going to a support group. Dietary changes and supplement use were highly reported across all sites (133 of 256, 52%, and 93 of 249, 37.3%, respectively), and there was significant interest in supplements (36%) and nutrition evaluations (36%).

Conclusion: There is an unmet need in patient education for women with gynecologic cancers regarding treatment course and disease process. Educating these women on diet, nutrition, and optimal use of supplements is also needed. Developing interventions to address fears of recurrence and orienting patients to cancer support services are also critical.

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