DOI: https://doi.org/10.54393/pjhs.v7i6.4004

PAKISTAN JOURNAL OF HEALTH SCIENCES
(LAHORE)
https://thejas.com.pk/index.php/pjhs
ISSN (E): 2790-9352, (P): 2790-9344
Volume 7, Issue 06 (June 2026)

Original Article

OPEN ACCESS

Investigating the Psychosocial Impact and Quality of Life in Gyne Cancer Survival Patients

Yusra Aslam[1*], Zehra Naqvi[1] and Yumna Qamar Khan[1]

[1]Department of Obstetrics and Gynecology, Liaquat National Hospital, Karachi, Pakistan

ARTICLE INFO

Keywords:
Cancer Survivors, Gynecology, Anxiety, Depression

How to Cite:
Aslam, Y., Naqvi, Z., & Khan, Y. Q. (2026). Investigating the Psychosocial Impact and Quality of Life in Gyne Cancer Survival Patients : Psychosocial Impact and Quality of Life Among Gynecological Cancer Survivors. Pakistan Journal of Health Sciences, 7(6), 87-92. https://doi.org/10.54393/pjhs.v7i6.4004

Corresponding Author:
Yusra Aslam
Department of Obstetrics and Gynecology, Liaquat National Hospital, Karachi, Pakistan
yusraaslam86@gmail.com

Received Date: 21st February, 2026
1st Revision Received: 16th March, 2026
Acceptance Date: 14th April, 2026
Published Date: 30th June, 2026

ABSTRACT

Gynecologic cancers are on the rise globally. Survivors frequently encounter physical distress aggravated by psychological instability, anxiety, and depression. Quality of life (QoL) includes physical, emotional, social, and functional well-being, rendering it a crucial patient-reported outcome in cancer. **Objective:** To investigate the psychosocial impact and quality of life in gynaecological cancer survival patients. **Methods:** A descriptive cross-sectional study was conducted in the Department of Obstetrics and Gynecology, Liaquat National Hospital, Karachi. This study comprised 178 women with ovarian, endometrial, and cervical cancer who were undergoing active therapy at the time data were collected. Psychological well-being was measured by using the Hospital Anxiety and Depression Scale and the Distress Thermometer. The collected data were analyzed with IBM SPSS version 27.0. A p-value of ≤ 0.050 was deemed statistically significant. **Results:** The abnormal anxiety was highly prevalent (110; 61.8%) compared to depression (27; 15.2%). Patients ≤50 years showed significantly higher abnormal anxiety (66.2%) (p-value=0.025) and depression (18.5%). Treatment modality was significant, with combined surgery and chemoradiotherapy showing the highest abnormal depression (32.3%). Patients with abnormal anxiety showed significantly poorer functional status compared with normal anxiety (median FACT score versus 18, with a p-value <0.001). **Conclusions:** Gynecological cancer survivors face significant psychosocial challenges, with anxiety being more prevalent than depression. Quality of life was markedly impaired, and functional limitations were strongly linked to psychological morbidity.

INTRODUCTION

Globally, cancer is a leading cause of morbidity and mortality [1]. Cancer effect expected to rise significantly soon [2]. Gynecological cancers represent a significant part of this burden among women, representing approximately 15.3% of newly diagnosed cancer cases and 15.8% of deaths due to cancer worldwide [3]. Gynecological cancers are a type of cancer that affects women's reproductive organs, such as the cervix, uterus, ovaries, vagina, and vulva [4].The evaluation of health-related QoL in survivors of gynecological cancers has become increasingly significant and is recognized as an essential patient-reported outcome, in addition to traditional metrics such as overall survival and disease-free survival [5].Traditionally, the treatment of gynecological cancers mainly aimed at prolonging life expectancy, with insufficient emphasis on the quality of life (QoL) of patients during and post-treatment [6]. Over the years, other measures have been utilized to evaluate how well patients are doing, such as mortality rates, survival rates, and levels of discomfort. These indicators give important clinical information, but they do not show how disease and treatment affect a patient's physical health. Health-based QoL provides a more holistic view by evaluating both the physical and psychological dimensions of health [7]. In the past twenty years, clinical research has put more focus on mental health and QoL, recognizing that they are important parts of good patient care and recovery [8]. Evaluating the psychosocial impact and quality of life in gynecologic cancer survivor patients is crucial for holistic patient care and well-being. Although increasing evidence is available on psychological distress in gynecological cancer patients, there is a paucity of data on low- and middle-income

DOI: https://doi.org/10.54393/pjhs.v7i6.4004

countries especially Pakistan which cover combined psychosocial impact and quality of life using validated instruments.

The previous researches concentrate on individual types of cancer (e.g., cervical cancer) or individual outcomes (e.g., anxiety or depression) but not a wholesome quality of life. Moreover, the demographic and treatment-related factors are not studied as related to psychosocial morbidity. This shows that multidimensional studies on this population require context-specific research. The survivors of gynecological cancer often have a severe psychological distress and poor quality of life; nevertheless, it has not been a topic of research in the local clinical practice. The magnitude of anxiety, depression, and the quality of life of such patients in Pakistan in general and the determinants of these outcomes has a dearth of evidence. This study aimed tto evaluate the psychosocial effect, anxiety and depression, and quality of life in gynecological cancer survivors, as well as to determine the relationship between demographic and clinical factors and psychological morbidity and functional status.

METHODS

This description cross-sectional study was carried out in the Department of Obstetrics and Gynecology at Liaquat National Hospital in Karachi. It was carried out over a minimum period from 15th July to 31st December 2025, following approval of the synopsis by the institutional research and evaluation committee (IRB # 1068-2024-LNH-ERC; dated 11th July 2024). A World Health Organization sample size calculator was used to collect data with a 95% confidence interval (CI), 6% precision, 80% power, and a reported prevalence of depression of 21% [9]. The final sample size was calculated was 178 participants. Women aged 18 years and above with a confirmed diagnosis of gynecological cancer, including ovarian, endometrial, or cervical cancer, and undergoing active oncological treatment were included in this study. Those patients who were above 70 years and to reduce bias, people who had a history or who were currently suffering from psychological problems were not included in the study. Age was classified as ≤50 years and >50 years based on epidemiological parameters that represent menopausal transition and psychosocial issues faced by younger and older cancer survivors. Because the data were not normally distributed, continuous variables like age and FACT scores were summarized using the median and interquartile range (Q1-Q3). Every study participant provided written informed consent before enrolling in the study. Participants were told of the study's goal, the confidentiality of their responses, and their freedom to withdraw at any time without compromising their medical treatment. Psychosocial impact was defined as the presence of psychological distress, anxiety, depression, post-traumatic stress symptoms, and perceived social support, measured using validated scales. Quality of life was evaluated through physical functioning, emotional well-being, social functioning, and overall life satisfaction, employing established tools such as the FACT scales. Data were collected prospectively. Participants received validated questionnaires upon ward or day hospital admission. Anxiety and depression were assessed by using the Hospital Anxiety and Depression Scale. This self-report measure had 14 items, 7 for anxiety (HADS-A) and depression (HADS-D). A 4-point Likert scale from 0 (no symptoms) to 3 (highest severity) yielded subscale scores between 0 and 21. Scores between 0-7 were normal, 8-10 were borderline abnormal, and 11-21 were abnormal. Psychosocial distress was assessed using the Distress thermometer, a single-item visual analogue scale from 0 to 10, and a problem checklist with practical, family, emotional, spiritual-religious, and physical domains. Oncology researchers utilize the validated FACT scale to assess quality of life. The scale examines physical, emotional, functional, and social health-related quality of life. Low scores indicate poor quality of life, whereas high scores indicate better quality.

This study used IBM SPSS version 27.0 to analyze the data. To describe quantitative data, descriptive statistics were utilized. This study employed inferential statistics, like chi-square tests/Fisher's exact test, and the Kruskal-Wallis's test, to look at the association and differences in means between demographic and clinical variables and psychosocial findings. In this study, a probability value of less than or equal to 0.050 was considered significant.

RESULTS

The current study shows the demographic and psychosocial profile of women who have survived gynecological cancer. The median age was 55 years (IQR 12; range 32-78), and 63.5% of the study participants were over 50 years old. The median FACT score was 16 (IQR 9; range 4-32), highlighting marked impairment in QoL among the study participants. Anxiety levels were comparatively elevated, exhibiting a median score of 11 (IQR 4; range 4-21), indicative of significant psychological distress, but depression scores were lower, presenting a median of 4 (IQR 5; range 0-14)(Table 1).

Table 1: Demographic Characteristics and FACT Score of Gynecological Cancer Survivors

Variables	Category	n (%) / Median
Age	–	55.0 (12.0; 32.0-8.0
FACT Scale	–	16.0 (9.0; 4.0-2.0)
Anxiety Subscale	–	11.0 (4.0; 4.0-1.0)
Depression Subscale	–	4.0 (5.0; 0.0-14.0)

DOI: https://doi.org/10.54393/pjhs.v7i6.4004

Age Groups	≤ 50 Years	65 (36.5%)
	> 50 Years	113 (63.5%)
Education	Matric or below	46 (25.8%)
	Intermediate	59 (33.1%)
	Graduation	31 (17.4 %)
	Master or above	42 (23.6%)
Monthly Income	< 50K per month	68 (38.2%)
	50K – 100K per month	60 (33.7%)
	> 100K per month	50 (28.1%)
Occupation	Unemployed	33 (18.5%)
	Private Job	50 (28.1%)
	Govt. Job	44 (24.7%)
	Business	15 (8.4%)
	Shopkeeper	16 (9.0%)
	Labour	20 (11.2%)
Working Status	Yes	125 (70.2%)
	No	53 (29.8%)
Time Since Diagnosis	< 1 Year	57 (32.0%)
	1 – 5 Years	70 (39.3%)
	> 5 Years	51 (28.7%)
Treatment	Surgery	47 (26.4%)
	Chemoradiotherapy	53 (29.8%)
	Surgery and Chemotherapy	29 (16.3%)
	Surgery and Chemoradiotherapy	31 (17.4%)
	Surgery and Radiotherapy	18 (10.1%)
Anxiety Severity	Normal	43 (24.2%)
	Borderline Abnormal	25 (14.0%)
	Abnormal	110 (61.8%)
Depression Severity	Normal	130 (73.0%)
	Borderline Abnormal	21 (11.8%)
	Abnormal	27 (15.2%)

It shows that age was significantly associated with anxiety, with a p-value of 0.025 and depression, with more abnormal depression in persons less than 50 years old and higher borderline depression in older people. Education was associated with anxiety severity, with a p-value of 0.018, with graduates having the highest rate of abnormal anxiety, but not depression, with a p-value of 0.141. Monthly income is significantly associated with anxiety and depression, showing higher psychological morbidity in low-and middle-income groups. Both anxiety and depression were significantly associated with occupation and working status, with a p-value > 0.01. Time since diagnosis was associated with anxiety but not depression, while treatment modality was linked to anxiety and depression (Table 2).

Table 2: Association of Demographic Variables with Anxiety and Depression Severity

Variables	Category	Anxiety Normal, n (%)	Borderline Abnormal, n (%)	Abnormal, n (%)	p-value	Depression Normal, n (%)	Borderline Abnormal, n (%)	Abnormal, n (%)	p-value
Age Groups	≤ 50 Years	9 (13.8%)	13 (20.0%)	43 (66.2%)	0.025	51 (78.5%)	2 (3.1%)	12 (18.5%)	0.018
	> 50 Years	34 (30.1%)	12 (10.6%)	67 (59.3%)		79 (69.9%)	19 (16.8%)	15 (13.3%)	
Education	Matric or below	13 (28.3%)	10 (21.7%)	23 (50.0%)	0.018	33 (71.7%)	7 (15.2%)	6 (13.0%)	0.141
	Intermediate	18 (30.5%)	9 (15.3%)	32 (54.2%)		45 (76.3%)	2 (3.4%)	12 (20.3%)	
	Graduation	5 (16.1%)	0 (0.0%)	26 (83.9%)		24 (77.4%)	5 (16.1%)	2 (6.5%)	
	Master or above	7 (16.7%)	6 (14.3%)	29 (69.0%)		28 (66.7%)	7 (16.7%)	7 (16.7%)	
Monthly Income	< 50K per month	20 (29.4%)	7 (10.3%)	41 (60.3%)	<0.001	44 (64.7%)	9 (13.2%)	15 (22.1%)	0.008
	50K–100K per month	13 (21.7%)	2 (3.3%)	45 (75.0%)		41 (68.3%)	7 (11.7%)	12 (20.0%)	
	> 100K per month	10 (20.0%)	16 (32.0%)	24 (48.0%)		45 (90.0%)	5 (10.0%)	0 (0.0%)	
Occupation	Un-employed	13 (39.4%)	9 (27.3%)	11 (33.3%)	<0.001	31 (93.9%)	0 (0.0%)	2 (6.1%)	<0.001
	Private Job	13 (26.0%)	7 (14.0%)	30 (60.0%)		37 (74.0%)	5 (10.0%)	8 (16.0%)	
	Govt. Job	10 (22.7%)	0 (0.0%)	34 (77.3%)		29 (65.9%)	7 (15.9%)	8 (18.2%)	
	Business	0 (0.0%)	9 (60.0%)	6 (40.0%)		15 (100.0%)	0 (0.0%)	0 (0.0%)	
	Shopkeeper	0 (0.0%)	0 (0.0%)	16 (100.0%)		4 (25.0%)	5 (31.3%)	7 (43.8%)	
	Labor	7 (35.0%)	0 (0.0%)	13 (65.0%)		14 (70.0%)	4 (20.0%)	2 (10.0%)	
Working Status	Yes	30 (24.0%)	11 (8.8%)	84 (67.2%)	0.006	84 (67.2%)	16 (12.8%)	25 (20.0%)	0.008
	No	13 (24.5%)	14 (26.4%)	26 (49.1%)		46 (86.8%)	5 (9.4%)	2 (3.8%)	
Time Since Diagnosis	< 1 Year	15 (26.3%)	15 (26.3%)	27 (47.4%)	0.002*	44 (77.2%)	9 (15.8%)	4 (7.0%)	0.094
	1–5 Years	15 (21.4%)	10 (14.3%)	45 (64.3%)		53 (75.7%)	7 (10.0%)	10 (14.3%)	
	> 5 years	13 (25.5%)	0 (0.0%)	38 (74.5%)		33 (64.7%)	5 (9.8%)	13 (25.5%)	
Treatment	Surgery	7 (14.9%)	12 (25.5%)	28 (59.6%)	<0.001	37 (78.7%)	2 (4.3%)	8 (17.0%)	0.001
	Chemoradiotherapy	10 (18.9%)	6 (11.3%)	37 (69.8%)		34 (64.2%)	12 (22.6%)	7 (13.2%)	
	Surgery and Chemotherapy	10 (34.5%)	0 (0.0%)	19 (65.5%)		24 (82.8%)	5 (17.2%)	0 (0.0%)	
	Surgery and Chemoradiotherapy	15 (48.4%)	0 (0.0%)	16 (51.6%)		19 (61.3%)	2 (6.5%)	10 (32.3%)	
	Surgery and Radiotherapy	1 (5.6%)	7 (38.9%)	10 (55.6%)		16 (88.9%)	0 (0.0%)	2 (11.1%)	

DOI: https://doi.org/10.54393/pjhs.v7i6.4004

It shows the comparison of age and functional scores with anxiety and depression severity, further elucidating the psychosocial burden. Median age did not differ significantly across anxiety severity groups (p=0.251), but depression severity was significantly associated with age (p=0.006), with borderline abnormal depression clustering in younger patients (median age 48 years). Functional scores demonstrated a robust association with both anxiety and depression severity (p<0.001 for each)(Table 3).

Table 3: Comparison of Age and FACT Scores Based on Anxiety and Depression Severity

Variables	Statistic	Anxiety Normal	Anxiety Borderline	Anxiety Abnormal	Depression Normal	Depression Borderline	Depression Abnormal
Age Years	Median	55.0	48.0	56.0	55.0	48.0	56.0
	Q1	54.0	43.0	47.0	54.0	43.0	47.0
	Q3	58.0	57.5	60.0	57.5	56.0	60.0
	p-value	(0.251)	(0.006)	–	–	–	–
FACT Score	Median	9	12	18	9	12	18
	Q1	8	11	16	8	11	16
	Q3	12	14.5	22	12	14	22
	p-value	<0.001	<0.001	–	–	–	–

DISCUSSION

A diagnosis of cervical cancer can exert significant psychological impacts, especially in underdeveloped countries. Numerous women endure profound emotional distress, feelings of humiliation, and societal stigma, which can harm their mental health and general health [10]. The initial course of action to cervical cancer identification is frequently characterized by shock, fear, and confusion, which can rapidly escalate to anxiety and despair. Numerous women additionally face feelings of shame and embarrassment, especially when cervical cancer is frequently associated with human papillomavirus (HPV), a sexually transmitted illness [11]. A study of thirty women undergoing therapy for cervical cancer revealed that over half 56.6% had clinically significant amounts of anxiety and depression. The mental health issues were intricately associated with challenges, including disturbed marital relationships and a reduction in sexual engagement post-treatment, both of which adversely impacted their emotional wellness [12]. A study conducted in Tunisia revealed that 40 women in relapse revealed that numerous patients persisted in experiencing anxiety and despair post-treatment. Psychological problems were more prevalent in women with late stages and those who had received intense treatments such as hysterectomy/external radiotherapy, highlighting the long-lasting emotional effects of both the disease and its management [13]. In another study of 83 patients, 75.7% of women of fertile age exhibited clinically significant anxiety, whereas 57.5% demonstrated clinically expressed depression [14]. A Korean study intended to evaluate the prevalence of anxiety and depression in eight hundred and twenty-eight cervical cancer survivors and to find related factors. The study found an anxiety prevalence of 39.5%, considerably elevated among women aged below or up to fifty and a depression prevalence of 34.6% [15]. Despite a statistically significant association between age and depression severity, normal and abnormal depression groups had equal median ages. The statistical significance may have been driven by the smaller borderline group rather than by a clinically relevant difference between normal and abnormal cases. Population-based research in France investigated cancer-related fatigue, QoL, and anxiety in long-lasting survivors of breast cancer, cervical cancer, and colorectal cancers, around 15 years post-diagnosis. The results indicated that survivors exhibited elevated amounts of fatigue, especially mental fatigue and overall exhaustion, alongside increased anxiety, in comparison to the population without a previous history of cancer. But even with these chronic physical and emotional problems, their quality of life was about the same as that of the overall population. These findings showed that the impacts of cancer can last for decades, which makes it even more important to keep getting psychological and supportive care after treatment is completed [16]. Patients with locally advanced cervical cancer experience significant impacts on their quality of life due to the disease and its therapies, affecting their physical health and mental wellness. According to a study, although some patients do better after treatment, many more experience long-term problems that affect many parts of their lives [17]. This study's moderate quality of life scores, especially in the physical and psychological domains, show how cervical cancer affects many parts of patients' lives. Furthermore, the study confirmed the previously developed association between mental health and quality of life in cancer patients by showing that higher levels of emotional distress, which is measured by HADS scores, were associated with lower levels of physical and psychological health [10]. The Global health status was 68.20 ± 23.61, which was deemed good. This is similar to the findings in Egypt, which had a QoL score of 70.16 [18]. When the sub-domain of functional scales was evaluated, the physical function score

DOI: https://doi.org/10.54393/pjhs.v7i6.4004

(81.77±16.43), Cognitive function score (78.91±25.18) and social function score (71.43±27.85) were good, whereas the role function score (66.67±24.76) and emotional function score (64.79±26.53) were moderate. Emotional score had the lowest functional scale score; this may be related to the diagnosis and prognosis of gynecological cancers, as most of the patients presented with stage 3 disease, coupled with financial difficulties. The emotional aspect is the most difficult to manage in cancer patients, particularly those with children. Patients with low socio-economic status are frequently more difficult to manage than those with high socio-economic status in this regard [19]. A study has shown that anxiety and depression are highly prevalent among cancer patients and significantly affect their QoL [20].

Although valuable findings, this study has numerous limitations. A cross-sectional study design makes establishing causal relationships difficult. Second, the study was confined to a single tertiary care hospital. Third, response bias may influence self-reported psychological measurements. Future research should explore psychosocial trajectories and target psychosocial therapies to enhance quality of life (QoL) in gynecological cancer survivors using longitudinal and multicenter approaches.

CONCLUSIONS

This study shows that survivors of gynecological cancer encounter considerable psychosocial challenges, with anxiety occurring more frequently than depression. The quality of life was markedly impaired, and functional limitations were significantly associated with psychological morbidity. Younger age, lower income, and integrated treatment approaches associated with elevated anxiety and depression, while socioeconomic and occupational variables additionally affected outcomes.

Authors' Contribution

Conceptualization: YA
Methodology: ZN
Formal analysis: YQK
Writing and Drafting: YA, ZN, YQK
Review and Editing: YA, ZN, YQK

All authors approved the final manuscript and take responsibility for the integrity of the work

Conflicts of Interest

All the authors declare no conflict of interest.

Source of Funding

The authors received no financial support for the research, authorship and/or publication of this article.

REFERENCES

[1] Ogamba CF, Joseph A, Adefemi AK, Ezegwui CO, Major A, Jimoh RO *et al.* Factors Associated with Health-Related Quality of Life and Financial Toxicity among Gynecological Cancer Patients in Southern Nigeria. Scientific Reports. 2025 Jul; 15(1): 28041. doi: 10.1038/s41598-025-13763-0.

[2] Bray F, Laversanne M, Sung H, Ferlay J, Siegel RL, Soerjomataram I *et al.* Global Cancer Statistics 2022: GLOBOCAN Estimates of Incidence and Mortality Worldwide For 36 Cancers In 185 Countries. CA: A Cancer Journal for Clinicians. 2024 May; 74(3): 229-63. doi: 10.3322/caac.21834.

[3] Zhu B, Gu H, Mao Z, Beeraka NM, Zhao X, Anand MP *et al.* Global Burden of Gynaecological Cancers in 2022 and Projections to 2050. Journal Of Global Health. 2024 Aug; 14: 04155. doi: 10.7189/jogh.14.04155.

[4] Alegbeleye JO and John CO. An Appraisal of the Quality of Life of Gynaecological Cancer Patients at a Teaching Hospital in Southern Nigeria. International Journal of Research and Reports in Gynaecology. 2024; 7(1): 31-46. doi: 10.9734/ijrrgy/2024/v7i198.

[5] Gil-Ibanez B, Davies-Oliveira J, Lopez G, Díaz-Feijoo B, Tejerizo-Garcia A, Sehouli J. Impact of Gynecological Cancers on Health-Related Quality of Life: Historical Context, Measurement Instruments, and Current Knowledge. International Journal of Gynecological Cancer. 2023 Nov; 33(11): 1800-6. doi: 10.1136/ijgc-2023-004804.

[6] Sung H, Ferlay J, Siegel RL, Laversanne M, Soerjomataram I, Jemal A *et al.* Global Cancer Statistics 2020: GLOBOCAN Estimates of Incidence and Mortality Worldwide For 36 Cancers In 185 Countries. CA: A Cancer Journal for Clinicians. 2021 May; 71(3): 209-49. doi: 10.3322/caac.21660.

[7] Shirali E, Yarandi F, Ghaemi M, Montazeri A. Quality of Life in Patients with Gynecological Cancers: A Web-Based Study. Asian Pacific Journal of Cancer Prevention. 2020 Jul; 21(7): 1969. doi: 10.31557/APJCP.2020.21.7.1969.

[8] Yen KY, Cheng JY, Li JQ, Toh ZA, He HG. The Effectiveness of Digital Psychosocial Interventions on Psychological Distress, Depression, Anxiety, and Health-Related Quality of Life in Patients with Gynaecological Cancer: A Systematic Review and Meta-Analysis. Supportive Care in Cancer. 2024 Apr; 32(4): 240. doi: 10.1007/s00520-024-08415-4.

[9] Modares Gilani M, Mousavi AS, Akhavan S, Sheikhhasani S. Investigating the Quality of life of patients with cervical cancer in Iran. Journal of Obstetrics, Gynecology and Cancer Research. 2022 Sep; 7(6): 530-5. doi: 10.30699/jogcr.7.6.530.

DOI: https://doi.org/10.54393/pjhs.v7i6.4004

[10] Samia K, Yassine B, El Mehdi S, Wissal H, Zahra FF, Zenab A *et al.* Psychosocial Impact of Cervical Cancer Diagnosis: A Study Conducted in the Radiotherapy Department at CHU Hassan II, Fez, Morocco. ecancermedicalscience. 2025 Aug; 19: 1976. doi: 10.3332/ecancer.2025.1976.

[11] Raj R and Bhagat N. Psychiatric Morbidity in Newly Diagnosed Carcinoma Cervix and its Comparison with Benign Condition. Int J Reprod Contracept Obstet Gynecol. 2017; 6(11): 4990. doi: 10.18203/2320-1770.ijrcog20175014.

[12] Bouzid N, Abdallah HH, Tebessi S, Zanzouri R, Fayala R, Tebra S. 1210 Assessment of Anxiety and Depression in Women Treated for Cervical Cancer. International Journal of Gynecological Cancer. 2024 Mar; 34: A484. doi: 10.1136/ijgc-2024-ESGO.953.

[13] Zanzouri R, Bouzid N, Jaafer RB, Fayala R, Tbessi S, Kanoun S *et al.* 1335 Depression and anxiety among women treated for cervical cancer. International Journal of Gynecological Cancer. 2024 Mar; 34: A489. doi: 10.1136/ijgc-2024-ESGO.964.

[14] Burgoeva MN and Zhumabaev AR. Psychological Disorders in Women of Fertile Age and Postmenopausal Women with Advanced Cervical Cancer. Tumors of Female Reproductive System. 2023 May; 18(4): 98-102. doi: 10.17650/1994-4098-2022-18-4-98-102.

[15] Kim SH, Kang S, Kim YM, Kim BG, Seong SJ, Do Cha , *et al.* Prevalence and Predictors of Anxiety and Depression Among Cervical Cancer Survivors in Korea. International Journal of Gynecological Cancer. 2010 Jul; 20(6): 1017-24. doi: 10.1111/IGC.0b013e3181e4a704.

[16] Gernier F, Joly F, Klein D, Mercier M, Velten M, Licaj I. Cancer-Related Fatigue Among Long-Term Survivors of Breast, Cervical, and Colorectal Cancer: A French Registry-Based Controlled Study. Supportive Care in Cancer. 2020 Dec; 28(12): 5839-49. doi: 10.1007/s00520-020-05427-8.

[17] Sari S, Sukista N, Agustini TT, Ghozali MT. Analysis of Health-Related Quality of Life (Hrqol) in Advanced Stage Cervical Cancer Patients in Riau Province, Indonesia. Research Journal of Pharmacy and Technology. 2024 May; 17(5): 2265-70. doi: 10.52711/0974-360X.2024.00356.

[18] El Ghazaly H, Saad AS, Samy N, Kamal KA, Medhat D, Tawfic AM. Follow up of Quality of Life and Sexual Wellbeing in Gynaecological Cancers: A Cross-Sectional Study. Ain Shams Medical Journal. 2023 Mar; 74(1): 111-22. doi: 10.21608/asmj.2023.298215.

[19] Edianto D, Yaznil MR, Chartyansari AA, Effendi IH. Assessment of the Quality of Life for Gynecologic Cancer Patients Using Functional Assessment of Cancer Therapy-General (Fact-G) Questionnaire At Haji Adam Malik Hospital. Open Access Macedonian Journal Of Medical Sciences. 2019 Jul; 7(16): 2569. doi: 10.3889/oamjms.2019.391.

[20] Fasoi G, Bourazani M, Papatheodorou D, Vlachou E, Toylia G, Kaba E, *et al.* Exploration the Quality of Life and the Related Factors in Women with Recent Diagnosis of Gynecological Cancer, Before the Surgical Treatment, in Greece. Health and Research Journal. 2020 Dec; 6(4): 114-22. doi: 10.12681/healthresj.25628.