

Original Research**Quality Of Life Of Breast Cancer Survivors In Surabaya Breast Cancer Community****Anastasia Putu Martha Anggarani¹, Raditya Kurniawan Djoar², Riza Amaliya^{3*}, Fredy Eric Akbar Pamungkas⁴**^{1,4} Physiotherapy Study Program of STIKES St.Catholic Vincentius A Paulo Surabaya, Indonesia^{2,3} Nursing Study Program of STIKES St. Catholic Vincentius A Paulo Surabaya, Indonesia**ABSTRACT**

Background: Cancer is a deadly disease for anyone. One type of cancer is breast cancer. This type of cancer has a big psychological impact on sufferers because of the risk of breast removal surgery for sufferers so that cancer can destroy their future and changing quality of life. Decreased quality of life in women with breast cancer causes them to be unable to fulfill their roles, duties and also maintaining health status. Therefore, the purposes of this study are to identified quality of life women with breast cancer.

Methods: The method of this study used descriptive analysis, the study was conducted in the breast cancer community in Surabaya, East Java. A total of 30 people became respondents to this study and filled in 30 questions of European Organization for Research and Treatment of Cancer Quality of Life Questionnaire-C-30(EORTC QLQ C30).

Results: The general health of the patients was an 664.25, which illustrates that the quality of life for cancer patients is in moderate condition. This is because in this study the last week symptoms such as shortness of breath, weakness, pain, difficulty sleeping, loss of appetite, nausea, vomiting, difficulty defecating, diarrhea, fatigue, difficulty concentrating, tension, difficulty walking close, lying in a chair / mattress is reduced or not. They still find it difficult to do strenuous activities, walk long distances, feel worried, have difficulty remembering and experience financial difficulties. However, their lives are not disrupted due to physicality or therapy

Conclusion: The general health of breast cancer patients in the Surabaya breast cancer community is an 664.25, which describes the quality of life of cancer patients in moderate condition . It is expected that the hospital can socialize about the group of breast cancer to patients so that patients can share experience, obtain various health-related information, and will make patients feel they have many friends with cancer fighters so that it will further improve the quality of life

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INTRODUCTION

Cancer is a deadly disease for anyone. Cancer is the formation of new tissue that is malignant (malignant) and abnormal. Cancer comes from the Latin Carcinamon. Carci means crab and Oma means enlargement. Cancer clings to all surfaces, it steps on like a crab. Cancer grows by means of infiltration, invasion, destruction, and progressive penetration into the surrounding tissue (Kumar, V., Cotran, SR, & Robbins, 2007). One type of cancer is breast cancer (Hopman, 2015). The number of deaths in the world due to cancer in 2018 amounted to 9.6 million. While in Indonesia in the same year amounted to 207,210. The prevalence of breast cancer in Indonesia is 1.4% of the cancer incidence of 40 per 100,000 women.

The number of breast cancer in Indonesia reaches 42.1 people per 100 thousand populations. The average death rate from cancer is 17 people per 100,000 population (Kementrian Kesehatan Republik Indonesia, 2019). This type of cancer has a big psychological impact on sufferers because of the risk of breast removal surgery for sufferers (Lehmann, V., Gronqvist, H., Engvall, G., Ander, M., Tuinman, MA, Hagedoorn, M., 2014). Losing a limb due to the healing process of cancer is a traumatic and embarrassing experience for most women because for women, the breast serves as a symbol of femininity, beauty and is a secondary sexual organ. So that cancer can destroy its future (Ovecash, J., Tan, A., Patel, K., & Noonan, 2018).

When someone is diagnosed with cancer, in general, they will think that the cancer is a chronic disease condition that has very unpleasant and even frightening effects, ranging from a decrease in physical condition to the fact that the disease causes death (Dewi, PF, & Kahija, 2018). Physical problems that are often experienced are pain, dependence on daily activities, sleep problems, loss of appetite, dry mouth, difficulty swallowing food and fatigue (Setiawan, 2015). On the psychological aspect, sufferers experience confusion, gloom, anxiety, feelings of helplessness, feelings of guilt and loneliness. The social aspects of cancer sufferers are dominated by feelings of uselessness, worry because they feel they are a burden to others and feel ashamed because they have no meaning for others. The treatment process will affect these aspects.

Treatment given includes chemotherapy, radiation, surgery, injections, consumption of hormonal drugs (Beutel, ME, Fischbeck, S., Binder, H., Blettner, M., & Brahler, 2015). This will have an impact on the quality of life of the sufferer during medical therapy. Based on Nugraha and Melati's research in 2016, most women who undergo chemotherapy or other medical therapies experience depression and have a perception that their quality of life is poor. The consistently declining quality of life is due to lack of social support, fear of recurrence or death, pessimism and self-blame. Women who are diagnosed with cancer are sometimes unable to adapt and accept the fact that they have cancer (Suhardin, 2016).

As a result, Decreased quality of life in women causes them to be unable to fulfill their roles and duties. The quality of life for women with breast cancer varies because each individual has different coping strategies. Quality of life is influenced by individual and environmental characteristics. Patients who are able to adapt to their conditions will have the ability to carry out their roles and functions as women in life (Kim J& Kim K, 2017). Patients with their acceptance of the disease will have a good psychological condition so that the motivation and desire to recover is higher and the quality of life of the client can increase.

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MATERIALS AND METHOD

Ethical Approval was conducted in STIKES Katolik St Vincentius a Paulo Ethical Review Board with number 30/Stikes Vinc/KEPK/IV/2020. This research used descriptive analyzing, the research was conducted in the breast cancer community in Surabaya, East Java. A total of 62 respondents distributed informed consent for this study but thirty-two people were unwilling to continue the process due to their deteriorating health status. A total of 30 people filled out the quality of life questionnaire via a google form. Questionnaires used to collect data are European Organization for Research and Treatment of Cancer Quality of Life Questionnaire-C-30 (EORTC QLQ C30). Question given using a Likert scale option.

The questionnaire will be recapitulated and processed into descriptive data. The data include history of disease and medication and there are 30 questions about the quality of life for breast cancer sufferers.

RESULTS

The results showed that from 30 respondents, 15 people (50%) were 30-50 years old, while the other 15 people (50%) were 51-56 years old. As many as 29 people (97%) were married, while 1 person (3%) had divorced their spouse. A total of 28 people (93%) suffered from Ca Mamae and 2 others suffered from tumors. As many as 15 people (50%) had reached stage 3-4, while 14 people (47%) of them had stage 1-2 cancer and 1 person (3%) the remaining 0. 23 people (77%) became survivors for 1- 5 years and 7 people (23%) were survivors for > 5 years.

Tabel 1. Table of characteristics of cancer patients

Information	N	%
Age		
30-50	15	50%
51-56	15	50%
Marital Status		
Married	29	97%
Divorce	1	3%
Types of Cancer		
Ca Mamae	28	93%
Tumor	2	7%

Information	N	%
Cancer Stage		
0	1	3%
1-2	14	47%
3-4	15	50%
Long time being a survivor		
1-5 Years	23	77%
> 5 Years	7	23%

The result in each item of quality of life showed that General health Scale had 153.89 & Functional scale had 451.1, that score indicate good quality of life but symptom scale item had 59.26, its indicate moderate quality of life. Each item score refer to interpretation for each item there are $\leq 33,3$ (Poor); 33.4-66.5 (moderate); > 66.6 (Good). The quality of life of breast cancer patients for all item is 664.25 which was included in the moderate category. Interpretation of quality of life is Poor (< 500); moderate (501-1000); Good (> 1000)

Table 2. Table of quality of life scores

Scale	Skor
General Health Scale	
General health scale	76.67
Global healt scale	77.22
Score of General Health	153.89
Functional Scale	
Physical function	87.78
Role function	91.11
Emotional function	89.44
Cognitive function	89.44
Social function	93.33
Score of Functional scale	451.1
Symptom Scale	
Hard to breathe	2.22
Appetite	8.89
Nausea	1.11
Insomnia	15.56
Constipation	3.33
Fatigue	18.15
Pain	10
Score of Symptom	59.26
Total score	664.25

DISCUSSION

After conducting research on 30 people with breast cancer, the results were obtained according to the age of 30-50 years (50%) and age 51-56 years (50%). The increasing age of a person allows the occurrence of genetic damage (mutation) which is increasing, while the ability to repair the body (healing) decreases. At the age of 30-39

years, the risk of developing cancer is 1 in 233 people or about 0.43%. When a woman reaches her 60s, the risk will jump to 1 in 27 people or nearly 4%. In some cases, breast cancer is caused by genetic defects (mutations) passed down from parents.

In normal cells, the BRCA 1 and BRCA 2 genes play a role in preventing the growth of abnormal breast cells. If a parent experiences genetic damage, this trait will be passed on to the child and the child has a greater risk (Handayani, L., 2012). According to (Sudoyono, 2009) aging process is a process that transforms a healthy adult into someone who is susceptible to various chronic diseases. This can occur due to the reduction of a large part of the physiological system reserves and increased stress to various diseases and deaths. According to the status, it was found that 97% were married and 3% were divorced.

Women have a greater risk of developing breast cancer, although men can also develop breast cancer. This is because men have less of the hormones estrogen and progesterone, which can trigger the growth of cancer cells. Most male breasts consist of fat, not glands like women. Women who have a family with breast cancer are at greater risk of developing breast cancer. The risk can be doubled if you have blood relations with cancer patients.

The risk increases 5-fold if there are two siblings or parents diagnosed with breast cancer (Handayani, L., 2012). Cancer stages 1-2 as much as 47% and 3-4 as much as 50%. For someone who has had breast cancer, the risk of getting it is 3-4 times greater, either on the next breast or on the other side of the same breast. The higher the stage of breast cancer, the worse the disease progression. According to (Kementrian Kesehatan Republik Indonesia, 2013) early detection efforts are only aimed at finding cancer patients at a low stage (down staging) and the percentage of possibility to be cured is high.

According to the type of cancer, 93% had Ca Mammae and 7% had tumors. Breast cancer is one of the most common types of cancer in women and has one of the highest percentage of new cases in the world. Risk factors that are closely related to the increased incidence of breast cancer include female sex, age > 50 years, family and genetic history, history of early menstruation (<12 years) or late menarche (> 55 years) and hormonal (Komite Kanker Payudara, 2015). According to the duration of being a survivor, the results are 1-5 years (77%) and > 5 years (23%). According to (Sanders, JB, Loftin, A., Seda, JS, & Ehlenbeck, 2014) at the beginning of being diagnosed with cancer, the patient felt anxiety caused by concern that cancer cells would spread to other organs and the public perception that cancer was a malignant disease that could cause death, so that affects the quality of life.

The general health of the patients was an average of 664.25, which illustrates that the quality of life for cancer patients is in moderate condition. Likewise, research conducted by (Pingkan, CM, Weni, IW, & Irma, 2020) which obtained the results of the global health scale was 67.3 which describes a moderate quality of life scale. This is because in this study the last week symptoms such as shortness of breath, weakness, pain, difficulty sleeping, loss of appetite, nausea, vomiting, difficulty defecating, diarrhea, fatigue, difficulty concentrating, tension, difficulty walking close, lying in a chair / mattress is reduced or not. at all. They still find it difficult to do strenuous activities, walk long distances, feel worried, have difficulty remembering and experience financial difficulties. However, their lives are not disrupted due to physicality or therapy.

In a study conducted by (Naomi, 2019), it was found that patients with the elderly category over 45 years of age have a lower quality of life because with increasing age there will be changes in body function and anatomy, so that they will experience limitations in carrying out activities which in turn have an effect on their quality of life. Likewise, a partner has a vital role as a support system for patients suffering from cancer / cancer survivors so that it will speed up pain recovery, increase immunity, reduce stress and psychological disorders. Treatment / treatment experienced by breast cancer sufferers has adverse effects both physically, psychological and social. Cancer with an advanced stage generally has more severe symptoms / physical abnormalities than patients with early stage cancer. The physical symptoms that get worse along with the increasing stage of the cancer automatically limit the patient to fulfill their basic needs and carry out their daily activities.

Lack of research This research was taken at a certain time, the respondents were not followed by the course of their illness until now, the answers to the questionnaire were based on the respondents' own experiences, the data were taken by themselves excluding the family. Data taken from respondents and their families may increase the validity of the research results.

CONCLUSION

The general health of breast cancer patients in the Surabaya breast cancer community is 664.25, which indicates that the quality of life for cancer patients is in moderate condition. It is expected that the hospital can socialize about the group of breast cancer to patients so that patients can share experience, obtain various health-related information, and will make patients feel they have many friends with cancer fighters so that it will further improve the quality of life. It is hoped that in future studies it can follow the course of the disease and be able to retrieve data from patients and their families to increase the validity of the data.

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