INTRODUCTION

- Over 220,000 new cases of gynecologic cancers are expected to be diagnosed in 2018, with an estimated death rate of 32,000 (ACS, 2018).
- GYN cancer treatments are associated with numerous outcomes, the most common being sleep disturbance (Kvale & Schuster, 2006).
- Empirical evidence indicates that sleep disturbance contributes to depression, low quality of life, and morbidity (Garnder et al., 2012).
- While there is evidence for the effectiveness of Cognitive Behavioral Therapy for insomnia (CBTi) in breast cancer survivors (Moore, Schmiege & Matthews, 2015; Johnson et al., 2016), there exists a lack of empirical evidence on its efficacy within gynecologic malignancies.
- This study examined the effects of a CBT intervention for insomnia and pain (CBTi.p.) on TWT in women with confirmed gynecologic cancers.

PARTICIPANTS & METHODS

- Study design: Parallel-group Randomized Clinical Trial (RCT)
- Subjective TWT was assessed via 14 days of sleep diaries at: (1) baseline/post-surgical assessment (T1; Wk0); (2) post-intervention (T2; Wk7); (3) 6-8 wk follow-up (T3; Wk14), and (4) one-year follow-up (T4; Wk66).

RESULTS

- Mixed linear modeling (MLM) was conducted to examine longitudinal group differences on subjective TWT with planned contrasts examining group differences in TWT at Wk7, Wk14, and Wk66.
- Immediately post-intervention at Wk7, CBTi.p participants showed a nonsignificant trend toward lower TWT (b=-28.15, p=0.055) compared to Psychoeducation participants.
- By Wk14, this trend was fully significant, such that CBTi.p participants demonstrated significantly lower TWT (b=-32.24, p=0.036) compared to Psychoeducation participants.
- There were no group differences in TWT at Wk66.

CONCLUSION

- CBTi.p. significantly reduced TWT in women with gynecologic cancers and insomnia during the acute post-surgical treatment phase.
- CBTi.p. may be an efficacious psychological intervention in improving sleep disturbance in women with gynecologic malignancies and insomnia.
- Given that sleep disturbance has been related to health outcomes and morbidity, the development and dissemination of interventions that improve sleep disturbance in women with gynecologic malignancies and insomnia may represent an essential supportive care need that, if met, can help improve cancer outcomes.
- Future research will focus on bidirectional effects of sleep and Hypothalamic-pituitary-adrenal (HPA) axis dysregulation in following the premises outlined by Antoni and Colleague’s (2006) Biobehavioral Model of Tumorigenesis.