BACKGROUND

• Women undergoing chemotherapy for gynecologic cancers experience multiple physical and emotional side effects.
• More resilient women have positive coping skills which leads to positive emotions and reports of better quality of life.\(^1\)
• Music therapy has shown improvement in chemotherapy (appetite, nausea, drowsiness, pain) and mood (anxiety, depression) symptoms among chemotherapy patients.\(^2,3\)
• Music therapy encompasses multiple modalities including passive listening, guided meditation, guided imagery, and creation of music.
• Women with breast cancer and gynecologic cancers have shown decreased fatigue and depression with use of music therapy.\(^3\)
• There may be an increase in overall mental health and well being when listening to music during chemotherapy especially music that is found to be personally calming.\(^5\)

OBJECTIVE

• To evaluate patients’ thoughts on music therapy as an adjunct to the chemotherapy they are undergoing for gynecologic cancers
• To evaluate patients’ use of music therapy in comparison to other media types

METHODS

• Feasibility study that prospectively surveyed women aged ≥ 18 years undergoing chemotherapy for a gynecologic cancer (e.g., endometrial cancer, ovarian cancer, cervical cancer, etc.) within one hospital center from 6/2018 to 7/2019.
• Women were asked to participate at the beginning of their scheduled chemotherapy session.
• Women were asked demographic and preliminary questions via a questionnaire prior to being provided with preselected music on an audio listening device.
• Following their chemotherapy session, women were asked to complete post-intervention survey remarking on their attitudes towards music therapy and other media use.

RESULTS

• Overall, 20 women completed surveys, of which 50% were 30-59 years of age, with the remainder greater than 60 years of age.
• Women were predominately Caucasian (Figure 1).
• Majority of patients had either ovarian (50%) or endometrial cancers (45%); patients were in different cycles of chemotherapy regimen (Figure 2).
• Large variation in genre of music listened to between women; 80% chose own music.
• Most women (35%) listened to music for 30-39 minutes (Figure 3).

STUDY LIMITATIONS

• Small sample size
• Difficulty recruiting women to participate; troubles recording who was approached and didn’t agree to participate
• Many women brought family and friends with them and desired to interact with them instead of listening to music.
• Music limited to pre-recorded options

CONCLUSIONS

• Although many women listened to music during their chemotherapy, most also engaged in another activity, sometimes switching completely to that other activity.
• Although music was pre-selected, genres listened to by patients showed great variation among participants
• Based on our findings and the difficulties of even recruiting patients, participation in a larger study aimed at evaluating the effects of music therapy on chemotherapy in women with gynecologic cancers may be quite difficult.

SPECIAL THANKS

We would like to acknowledge Danielle M. Greer, PhD, for initial project design and contributions.

REFERENCES