

Social isolation, social support, and treatment delays in breast cancer patients treated within an integrated health care system



PRESENTER:
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BACKGROUND: Among women with breast cancer, those with greater social support have better survival. It is unknown whether this is due in part to suboptimal treatment, including delays in care.

METHODS

Study Population: N=3,944 women with stages I-IV breast cancer from the Pathways Study and had surgery as first line treatment who answered social questions ~2 mo. post-dx

Data

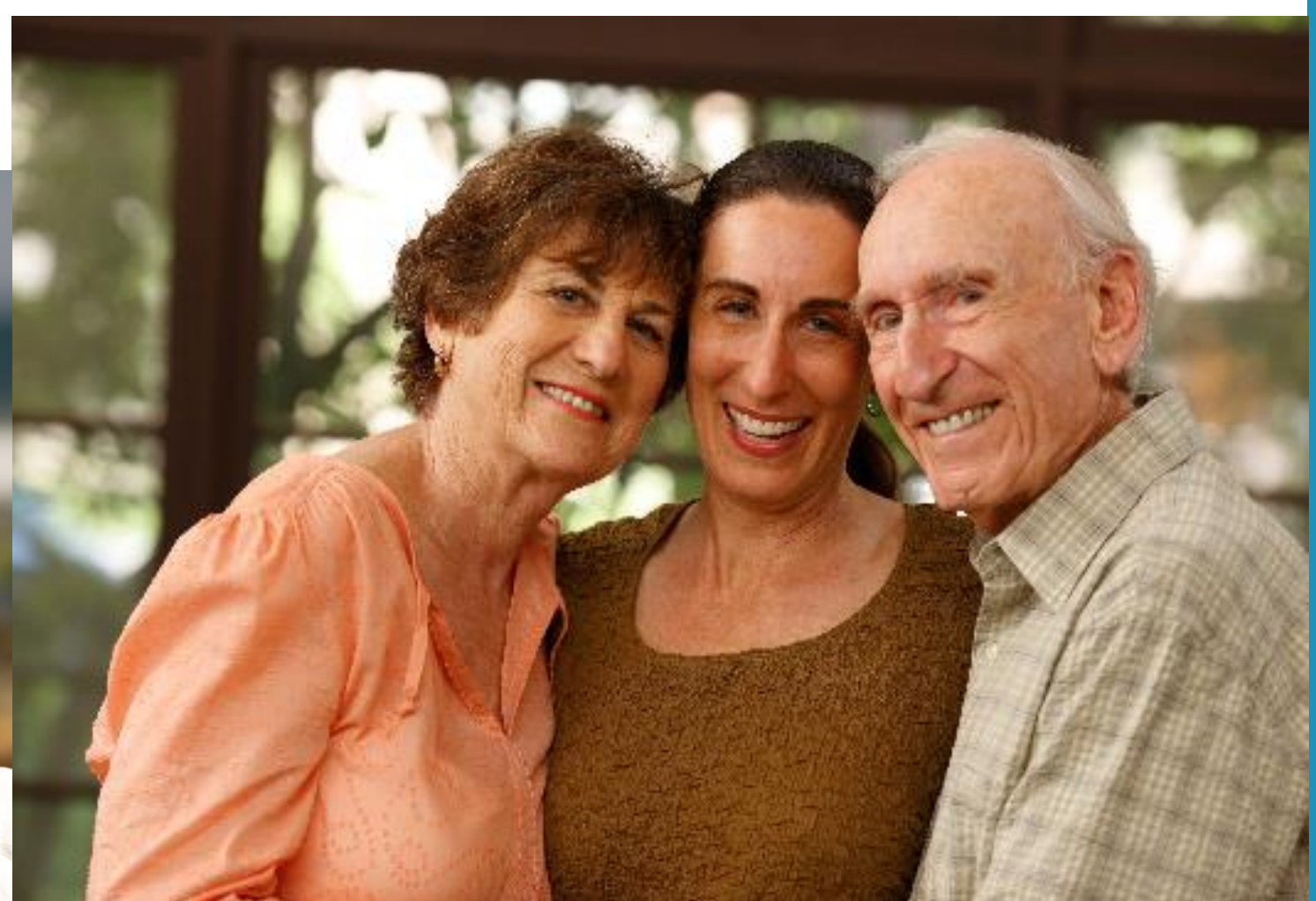
Independent variables

1. Personal support (Medical Outcomes Study Social Support (MOS-SS) survey)
2. Supportive clinical communication (10 of 18 items factored from Interpersonal Processes of Care (IPC-18) survey)
3. Social integration (index of social ties)

Outcome variables

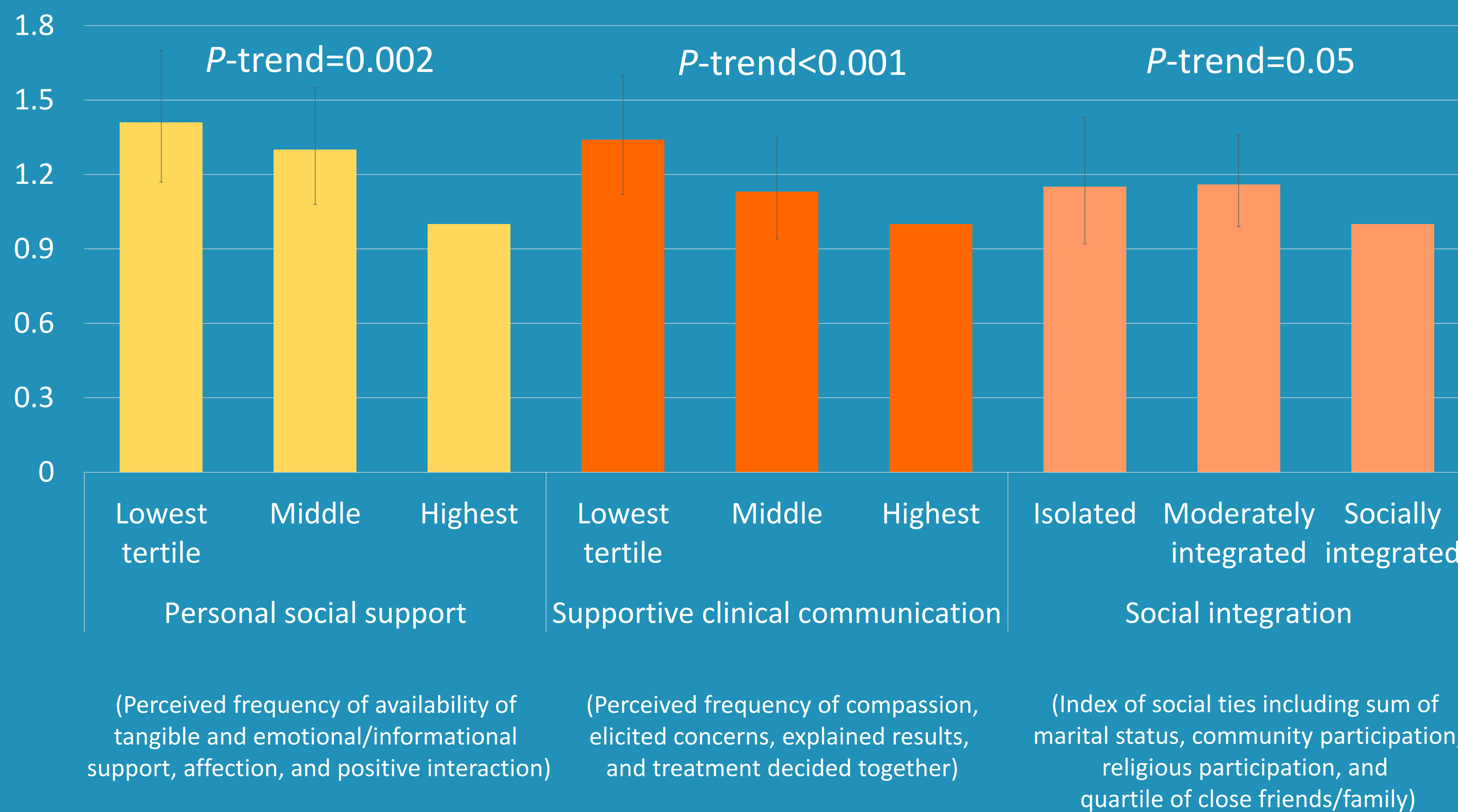
1. Surgery delays (>30 days from diagnosis)
2. Chemotherapy delays (>90 days from diagnosis or >60 days from surgery) in a subset with adjuvant chemotherapy (N=1,721)

Analysis: Logistic and linear regression



Women with **breast cancer** who have *low social support* have a greater likelihood of treatment delays.

Odds ratios of surgery delays > 30 days by level of social support resources



(Perceived frequency of availability of tangible and emotional/informational support, affection, and positive interaction)

(Perceived frequency of compassion, elicited concerns, explained results, and treatment decided together)

(Index of social ties including sum of marital status, community participation, religious participation, and quartile of close friends/family)



RESULTS

- Women in the lowest (v. highest) tertile of **personal social support** more likely to have:
 - Surgery delays (OR=1.36, 95% CI: 1.11-1.67, p-continuous=0.002)
 - Chemotherapy delays from dx (OR=1.46, 95% CI: 1.07-2.01, p-continuous=0.05)
- Women who reported low (vs. high) **supportive clinical communication** more likely to have surgery delays (OR=1.32, 95% CI: 1.08-1.61, p-continuous=<0.001).
- Suggestive associations of low **social integration** with surgery delays (p=0.05).
- No significant associations in main effects analyses with delays to chemotherapy when measured from the date of surgery.

CONCLUSIONS

- Women with few social resources had greater delays to surgery and chemotherapy, the latter secondary to surgery delays.

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