

People Who Undergo Cancer Surgery Have a Higher Suicide Risk

Half of suicides occurred within three years after receiving surgery, and 3% occurred within the first month.

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Cancer surgery is linked with increased risk for suicide, according to study results published in [JAMA Oncology](#). White men and people who had cancer with a low survival rate were more likely to die by suicide.

“These findings suggest the need to implement suicide screening among patients undergoing cancer operations, especially patients whose demographic and tumor characteristics are associated with the highest suicide risk,” wrote the researchers.

Previous studies have shown that mental health problems are increasingly common among people who undergo cancer surgery. Chi-Fu Jeffrey Yang, MD, of Massachusetts General Hospital in Boston, and colleagues assessed factors associated with suicide among people who underwent operations for the 15 most fatal cancers.

The researchers accessed data from the National Cancer Institute’s Surveillance, Epidemiology and End Results Program from 2000 to 2016. They included data from 1,811,397 individuals who received cancer surgery. The average age was 62 years, and 74% were women.

A total of 1,494 people—0.08% of the study population—died by suicide after surgery, a rate of 14.5 per 100,000 person-years. Men, white people and those who were single or divorced were most likely to kill themselves.

The average time from surgery to suicide ranged from 12 to 78 months post-surgery, depending on the type of cancer. Around half of the suicides took place within three years after surgery. Some 3% of suicides occurred within the first month, and 21% occurred with the first year.

Compared with the general U.S. population, the incidence of suicide was significantly higher for people who received surgery for cancers of the larynx, mouth and throat, esophagus, bladder, pancreas, lung, stomach, ovary, brain, and colon and rectum, in decreasing order.

People who received surgery for cancers with worse five-year survival rates were more likely to die

by suicide earlier compared with people who received surgery for cancers with better survival rates. In fact, patients who underwent surgery for cancers with a five-year survival rate above 80% (for example, breast and kidney cancer) did not have a significantly higher suicide rate compared with the population as a whole.

Guidelines recommend that cancer patients should be screened for mental distress, but adherence to this recommendation is low, the researchers noted.

“In this cohort study, the incidence of suicide among patients undergoing cancer operations was statistically significantly elevated compared with the general population, highlighting the need for programs to actively implement regular suicide screening among such patients,” the study authors concluded.

Click here to read the study in [JAMA Oncology](#).

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