Suicide Risk for Cancer Patients Decreased Since 2000

However, when compared to the general population, the suicide risk for cancer patients remains elevated, finds a new study.

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A new large study led by researchers at the American Cancer Society (ACS) shows suicide risk among patients diagnosed with cancer in the United States decreased during the past two decades, but remained elevated compared to the general population. The report found different geographic, racial/ethnic, socioeconomic, and clinical factors, some of which are modifiable, contributed to the increased suicide risk. The findings were presented at this year's annual meeting of the American Society of Clinical Oncology (ASCO) in Chicago, June 3-7.

In the study, researchers, led by Xuesong Han, PhD, scientific director, health services research at the American Cancer Society, identified nearly 17 million patients in the U.S. newly diagnosed with cancer from 43 population-based state cancer registries from 2000–2016 with follow-up through Dec 31, 2016. Standardized Mortality Ratios (SMR) and 95% confidence intervals were calculated by attained age group at death, sex, and race/ethnicity to compare suicide risks in the cohort vs. the general U.S. population. Hazard ratios and multivariable hazard models were derived to identify cancer-specific risk factors of suicide among the cohort, controlling for competing risks from other causes of death.

Among the patients, 7,972,782 (47.5%) died during the study period, and 20,792 (0.3%) from suicide. The overall SMR for suicide was 1.26%, decreasing from 1.67% in 2000 to 1.16% in 2016. Patients aged 65–79 years, Hispanic patients, and those uninsured or insured with Medicaid or under 64 years of age with Medicare had particularly high suicide risks compared to the general population. Moreover, the highest suicide risk occurred within 6 months of a cancer diagnosis. Among individuals diagnosed with cancer, relatively higher suicide risks were observed for fatal cancers with high symptom burdens in the first two years following diagnosis, including cancers of the oral cavity & pharynx, esophagus, stomach, brain, lung, and pancreas. After two years, patients diagnosed with cancers subject to long-term quality of life impairments, such as cancers of the oral cavity and pharynx, female breast, uterine, bladder, and leukemia, had higher suicide risks.

Study authors stress timely symptom management and tailored social and psych-oncological interventions are warranted for suicide prevention in this vulnerable population.

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