

Emotional well-being has no influence on cancer survival

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Researchers at the University of Pennsylvania School of Medicine have found that emotional well-being is not an independent factor affecting the prognosis of patients with head and neck cancers. This study appears in the December 1st issue of *CANCER*.

“The belief that a patient’s psychological state can impact the course and outcome of their cancer is one that has been prominent among patients and medical professionals, alike,” says James C. Coyne, PhD, Co-Leader, Cancer Control and Outcomes Program, Abramson Cancer Center; Professor of Psychology in Psychiatry at Penn; and lead author of the study. “This belief leads people to seek psychotherapy in the hopes of promoting survival. While there can be lots of emotional and social benefits of psychotherapy, patients should not seek such experiences solely on the expectation that they are extending their lives.”

Study participants were enrolled in two Radiation Oncology Group clinical trials and completed a baseline measure of quality of life questionnaire which included an Emotional Well-Being subscale. The outcome measure was overall survival. The study sample included 1,093 patients, and of this group, 646 died during the length of the study. With the coupling of this large sample and the uniformity of treatment and quality of care that is required in a clinical trial, this is one of the methodologically strongest studies in this area to-date.

The researchers found that emotional status was not a predictor of survival among this population. Additionally, no effects were observed

when the researchers examined interactions between emotional well-being and study protocol, gender, primary cancer site, or stage of cancer. Therefore, the study reports that “this psychologic variable neither affected progression or death directly, nor functioned as a lurking variable.”

“While this study may not end the debate, it does provide the strongest evidence to-date that psychological factors are not independently prognostic in cancer management,” says Dr. Coyne.

Source: University of Pennsylvania

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