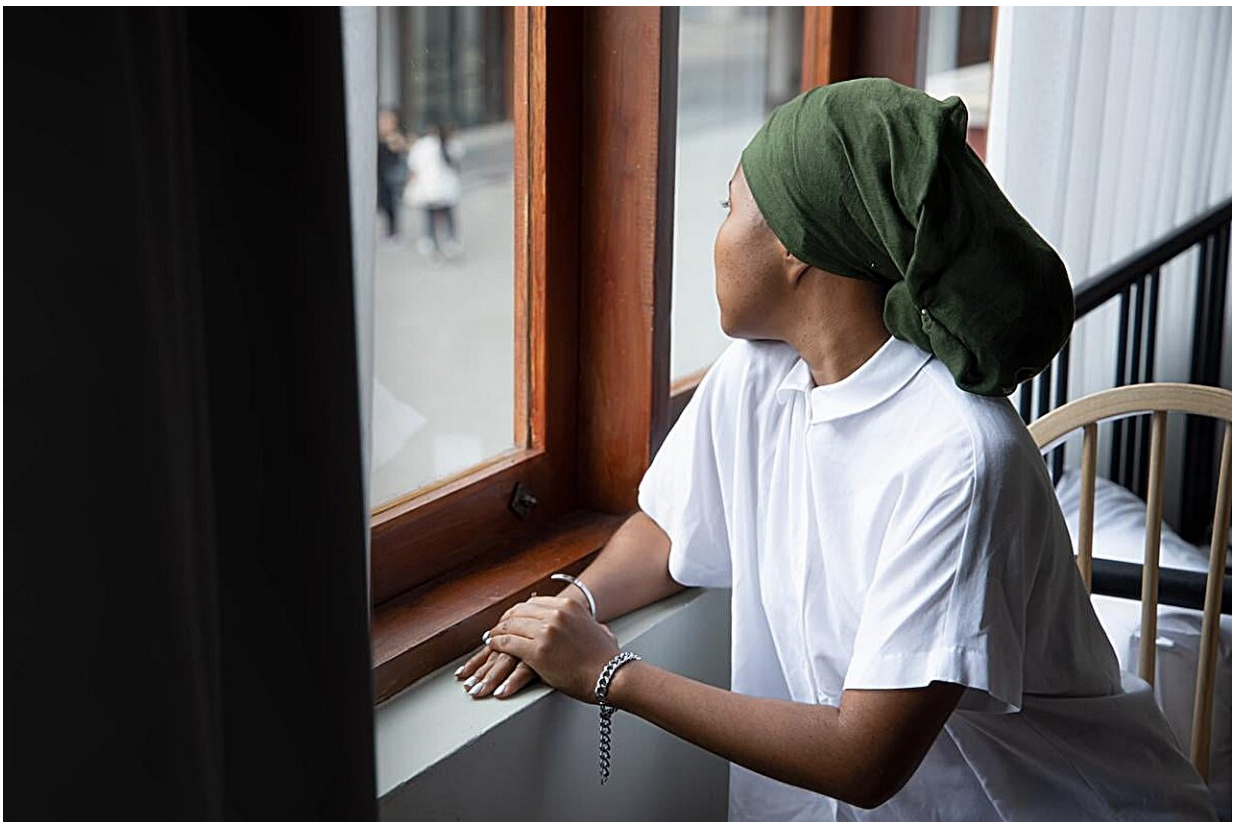


Suicide risk found to be higher for cancer patients not proceeding with recommended surgery

September 5 2024, by Lori Solomon



Higher suicide deaths are seen among cancer patients who do not undergo recommended surgery, according to a research letter [published](#)

online Sept. 3 in *JAMA Network Open*.

Michael L. Chen, from Stanford University in California, and colleagues used the Surveillance, Epidemiology, and End Results Program 17 Registries database (2000 to 2020) to investigate whether specific cancer treatment modalities are associated with suicide deaths. The analysis included 5.16 million patients with a first primary cancer diagnosis.

The researchers found that 0.1 percent of patients died by suicide. Among patients not undergoing [surgery](#), suicide deaths were highest for pancreatic, esophageal, lung or bronchial, and stomach cancers. Standardized mortality ratios varied by surgical status, but increased suicide deaths were seen among patients who did not undergo surgery.

Across all cancer stages, patients who did not undergo surgery but who were recommended surgery with high reliability had the highest suicide deaths. Patients with [pancreatic cancer](#) had a 331 percent higher suicide incidence than the general population, but this rate varied by treatment modality: 77 percent higher with surgery, 598 percent higher without surgery, and 1,011 percent higher without surgery even though surgery was recommended.

Similar patterns were seen by cancer stage, race and ethnicity, age, and sex by surgical status. There were no associations noted between undergoing radiotherapy or chemotherapy and suicide deaths.

"Even among patients with advanced cancer stage, [suicide deaths](#) were lower among those who underwent surgery, suggesting that [advanced stage](#) alone does not account for differences by treatment," the authors write.

More information: Michael L. Chen et al, Surgery and Suicide Deaths Among Patients With Cancer, *JAMA Network Open* (2024). [DOI:](#)

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