

# Differences in Psychological Well-Being Based on Cancer Type during Cancer Treatment

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## BACKGROUND

- For individuals with cancer, diagnosis and treatment generate myriad of stressors for them and their social circles.
- These results are preliminary, cross-sectional data from an ongoing prospective study of resilience among breast, prostate and colorectal cancer survivors.
- Previous research has shown that cancer survivors demonstrate poorer health-related quality of life compared to individuals with no history of cancer.
- Our aim is to examine whether there are differences in psychosocial well-being based on cancer type among adults in active treatment.

## METHODS

- N = 201 cancer survivors (120 breast, 58 prostate & 23 colorectal)
  - Ages 24-79 years (M= 58.5 years, SD= 11.8; 132 female)
  - Recruited using the Rapid Case Ascertainment (RCA) Shared Resource at Yale Cancer Center.
  - Participants were within six months of anticipated end of primary treatment at enrollment.
- Participants completed a survey electronically or by mail including measures of the following:
- Self-efficacy
  - Difficulty with emotion regulation
  - Depression & anxiety
  - Spirituality
  - Resilience
  - Post-traumatic stress
  - Concerns about recurrence
  - Coping

**Prostate cancer survivors self-report significantly better psychosocial health and well-being than breast and colorectal cancer survivors following the conclusion of primary active treatment.**



## RESULTS

	Breast (n= 120, 59.7%) M (SD)	Prostate (n= 58, 28.9%) M (SD)	Colorectal (n= 23, 11.4%) M (SD)	Total Sample (N=201) M (SD)	F-value	Directionality
<b>Self-Efficacy</b>	7.71 (1.73)	8.60 (1.41)	6.82 (2.14)	7.87 (1.77)	<b>10.19**</b>	P>B;P>C
<b>Depression</b>	10.39 (3.26)	9.19 (2.85)	11.67 (4.85)	10.18 (3.42)	<b>4.76**</b>	C>P
<b>Anxiety</b>	11.31 (4.46)	9.14 (3.58)	12.14 (3.97)	10.77 (4.29)	<b>6.24**</b>	B>P;C>P
<b>Resilience</b>	13.36 (2.40)	12.66 (2.80)	11.86 (3.32)	12.99 (2.67)	<b>3.54*</b>	
<b>Cancer Recurrence</b>	12.05 (4.32)	8.51 (3.59)	12.05 (4.10)	11.19 (4.38)	<b>11.96**</b>	B>P;C>P
<b>Coping</b>						
<b>Mental Disengagement</b>	9.80 (2.21)	8.05 (2.58)	9.27 (2.51)	9.24 (2.47)	<b>10.43**</b>	B>P
<b>Venting of Emotions</b>	8.71 (2.65)	6.39 (2.24)	8.27 (3.07)	7.98 (2.78)	<b>15.56**</b>	B>P
<b>Positive Reinterpretation</b>	12.97 (2.82)	11.07 (2.76)	11.50 (3.29)	12.25 (2.98)	<b>9.28**</b>	B>P
<b>Emotional Social Support</b>	12.01 (2.92)	9.30 (3.37)	10.81 (3.84)	11.09 (3.37)	<b>13.90**</b>	B>P
<b>Acceptance</b>	13.81 (2.13)	13.04 (2.43)	12.68 (2.71)	13.46 (2.32)	<b>3.57*</b>	
<b>Active Coping</b>	12.23 (2.39)	11.31 (2.46)	10.95 (2.80)	11.83 (2.49)	<b>4.09*</b>	
<b>Suppression of Competing Activities</b>	10.48 (2.23)	9.27 (2.64)	10.05 (3.03)	10.09 (2.49)	<b>4.69**</b>	B>P
<b>Planning</b>	12.43 (2.86)	11.18 (3.16)	10.48 (4.07)	11.85 (3.17)	<b>5.43*</b>	B>P; B>C

Significant results from one-way ANOVA. \*\*Significant at the 0.01 level (2-tailed). \*Significant at the 0.05 level (2-tailed). Measures of emotional regulation difficulties, impact of illness event and spirituality were non-significant. The following subscales of the COPE Inventory were also non-significant: restraint, instrumental social support, religious coping, denial, substance use, & behavioral disengagement.

## CONCLUSIONS

- Prostate cancer survivors reported higher rates of self-efficacy & less fear of cancer recurrence compared to both breast and colorectal cancer survivors.
- Colorectal cancer survivors reported significantly higher rates of anxiety and depression compared to prostate survivors.
- Additionally, breast cancer survivors demonstrated greater anxiety and utilization of both emotion-focused and problem-focused coping strategies compared to prostate cancer survivors.
- These better outcomes for prostate cancer survivors may be partially attributed to gender differences as well as the older age of prostate (M= 66.2 years) compared to breast and colorectal survivors (M= 55.1 and M= 56.7 respectively).
- These results have the potential to assist stakeholders to identify specific psychosocial vulnerabilities based on cancer type that can inform future targeted interventions for each population of cancer survivors.

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