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Understanding Suicide Rate, Risk Factors and Trends Among Head and Neck Cancer Survivors

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Understanding Suicide Rate, Risk Factors and Trends Among Head and Neck Cancer Survivors



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DISCLOSURES

- None



Background



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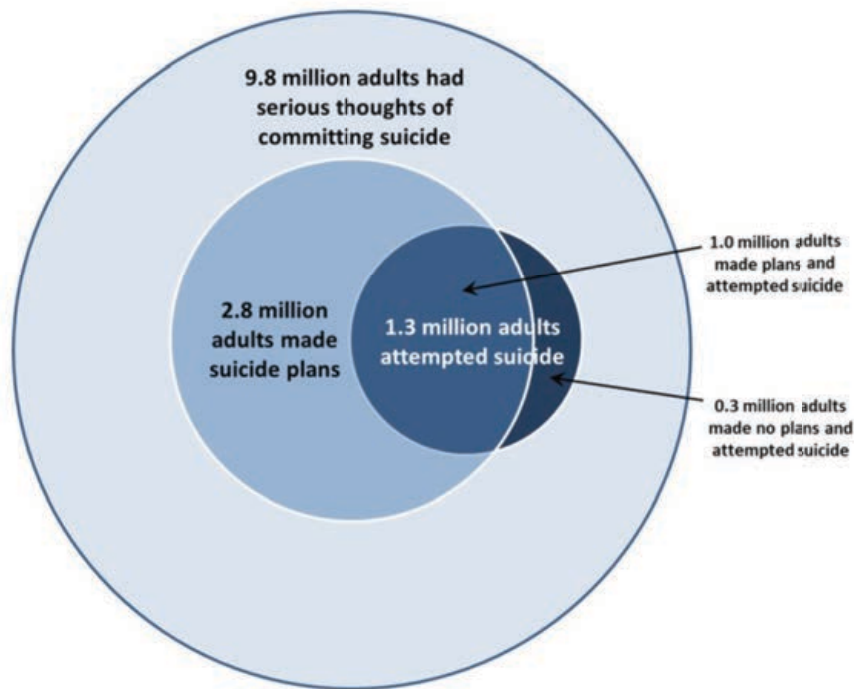


Background

- Suicide

Past Year Suicidal Thoughts and Behaviors Among U.S. Adults (2016)

Data Courtesy of SAMHSA



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Suicide by Method (2016)

Data Courtesy of CDC

Suicide Method	Number of Deaths
Total	44,965
Firearm	22,963
Suffocation	11,642
Poisoning	6,698
Other	3,662





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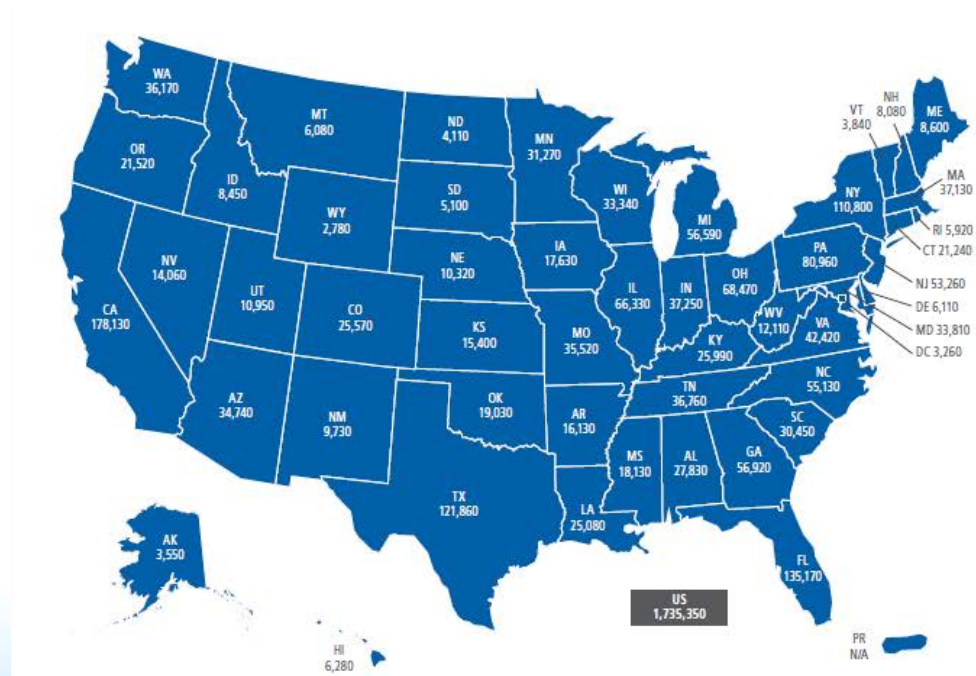
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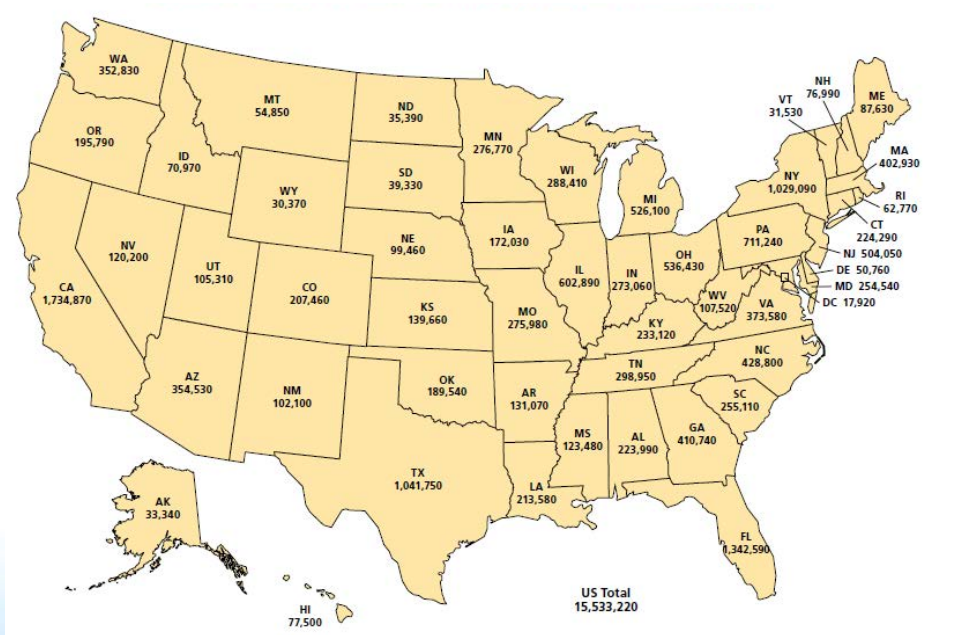
Estimated new cancer cases in the US, 2018

1,762,450



Estimated Numbers of Cancer Survivors as of January 1, 2019

16.9 million



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What do cancer patients die from?

- Index cancers
- Second primaries
- Non-cancer competing causes:
 - Cardiovascular disease...
 - Suicide



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CANCER-ASSOCIATED SUICIDE

- 50% greater risk than general US population
- Lifetime suicide risk



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CANCER-ASSOCIATED SUICIDE: WHY?

- Acute and late toxicities
- Unmet psychosocial needs
- Esthetics and functionality
- Pain and fear of recurrence



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WHY HEAD AND NECK CANCER?

- Depression common
- Choice between esthetics and function
- Facial disfigurement and body image issues
- Financial toxicity



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WHY THE STUDY?



JAMA Oncology

Journals



Enter Search Term



February 2018

More ▾

Primary Cancer vs Competing Causes of Death in Survivors of Head and Neck Cancer

Matthew C. Simpson, MPH¹; Sean T. Massa, MD¹; Eric Adjei Boakye, MA²; Jastin L. Antisdel, MD¹; Katherine A. Stamatakis, PhD, MPH³; Mark A. Varvares, MD⁴; Nosayaba Osazuwa-Peters, BDS, MPH, CHES¹

» Author Affiliations

JAMA Oncol. 2018;4(2):257-259. doi:10.1001/jamaoncol.2017.4478



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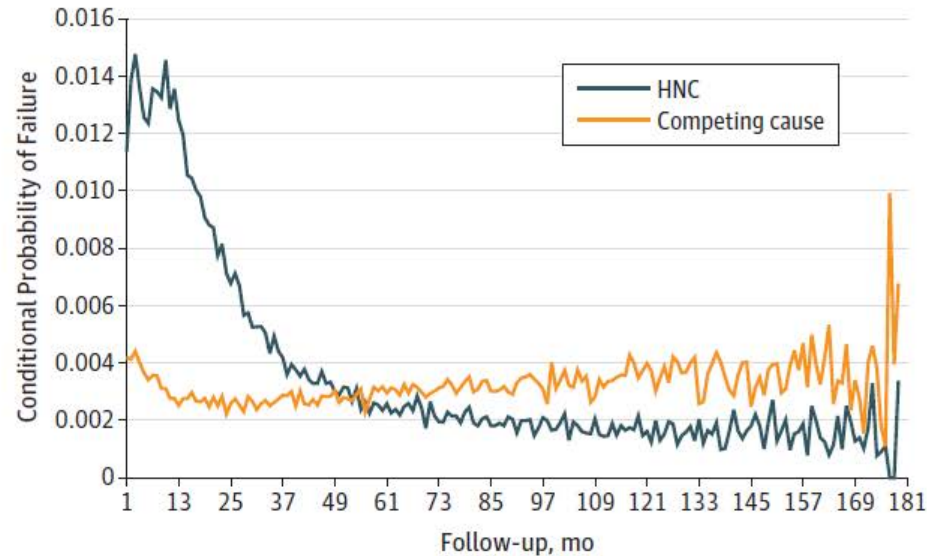
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Each year post-HNC
diagnosis: 26%
increase in the odds
of dying from
competing causes

Figure. Conditional Probability Plot Showing the Time Point During Years of Follow-up When Competing Causes of Death Surpass Primary Head and Neck Cancer (HNC) as the Leading Cause of Death in the HNC Population



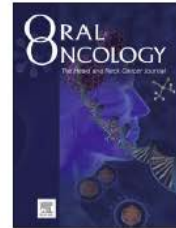
The plots cross at approximately 56 months after diagnosis.



Contents lists available at [ScienceDirect](#)

Oral Oncology

journal homepage: www.elsevier.com/locate/oraloncology



Competing causes of death in the head and neck cancer population



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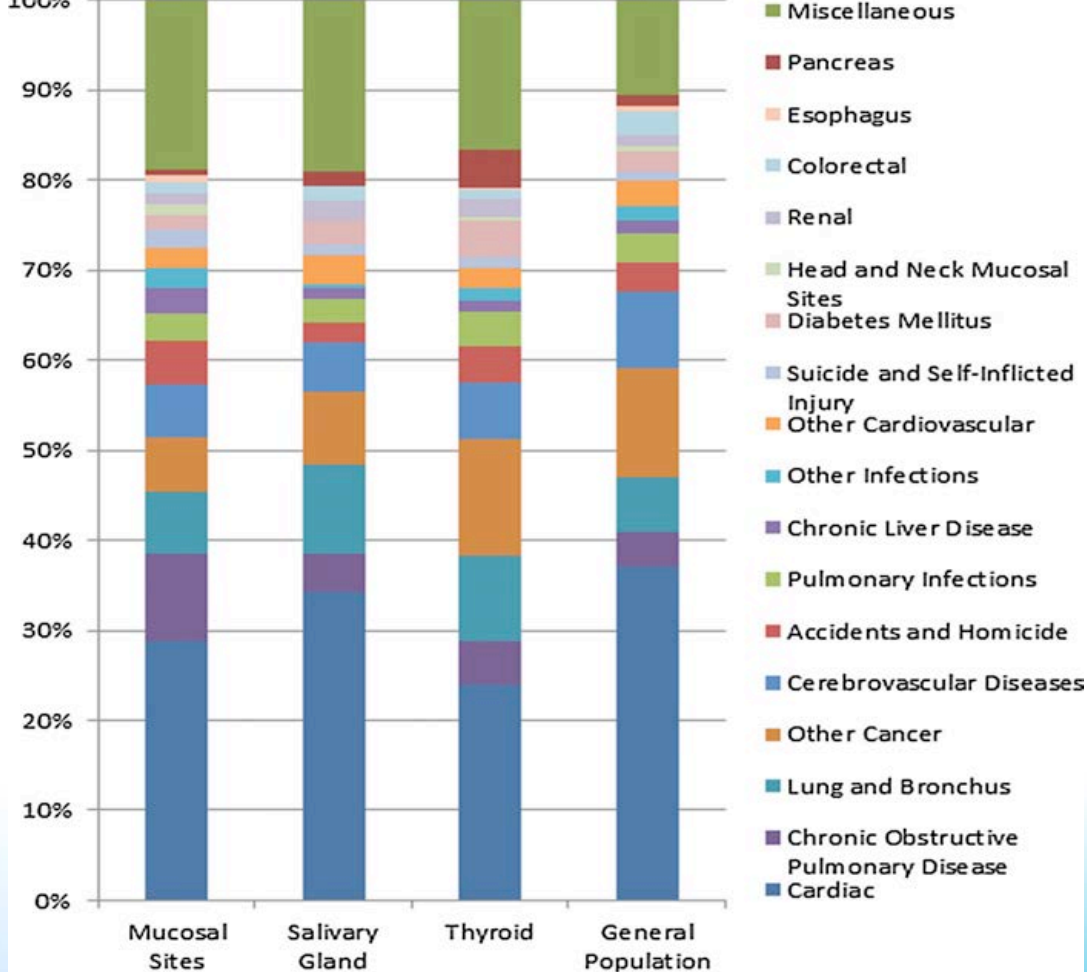
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ARTICLE INFO

ABSTRACT





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Factors associated with increased risk of suicide among survivors of head and neck cancer: A population-based analysis

Nosayaba Osazuwa-Peters^{a,b,c,*}, Lauren D. Arnold^{b,c}, Travis M. Loux^c, Mark A. Varvares^d, Mario Schootman^c

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^d Department of Otolaryngology, Massachusetts Eye and Ear Infirmary, Harvard Medical School, Boston, United States



- Male to female ratio:
new cases/deaths: 3:1

- Male to female ratio:
suicide in general US
population: 4:1

- Male to female HNC
suicide ratio: \approx 6:1

Poisson regression relative risk model for head and neck cancer suicide, 1975–2014 ($n = 1036$).

	aRR	95% CI
<i>Gender</i>		
Male	5.74	3.88, 8.50
Female		Ref
<i>HPV-relatedness**</i>		
HPV-related	0.87	0.58, 1.29
Not HPV-related		Ref
<i>Age</i>		
≥ 70	2.74	1.71, 4.39
60–69	2.55	1.61, 4.04
40–59	2.16	1.37, 3.41
18–39		Ref
<i>Race</i>		
Hispanic	0.25	0.14, 0.43
Non-Hispanic Black	0.20	0.12, 0.33
Non-Hispanic Other	0.38	0.25, 0.56
Non-Hispanic White		Ref
<i>Marital status</i>		
Divorced/separated	1.30	1.00, 1.69
Never married	1.09	0.83, 1.43
Widowed	1.48	1.10, 1.99
Married		Ref



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Original Article

Suicide Risk Among Cancer Survivors: Head and Neck Versus Other Cancers

Nosayaba Osazuwa-Peters, BDS, PhD, MPH, CHES^{1,2,3}; Matthew C. Simpson, MPH¹; Longwen Zhao, MS³;
Eric Adjei Boakye, MA, PhD(c)⁴; Stephanie I. Olomukoro, MD, MPH⁵; Teresa Deshields, PhD, ABPP⁶;
Travis M. Loux, PhD³; Mark A. Varvares, MD, FACS⁷; and Mario Schootman, PhD³

BACKGROUND: Cancer survivors face psychosocial issues that increase their risk of suicide. This study examined the risk of suicide across cancer sites, with a focus on survivors of head and neck cancer (HNC). **METHODS:** The Surveillance, Epidemiology, and





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	Cancer survivors (n=4,219,097)	Frequency of suicide (n=4,493)	Suicide mortality rate per 100,000 person-years	p-value
Cancer site (%)				<0.01
Pancreas	119108 (2.8)	93 (2.1)	86.4	
Head and Neck	151167 (3.6)	404 (9.0)	63.4	
Lung and Bronchus	572239 (13.6)	553 (12.3)	59.3	
Stomach	76225 (1.8)	81 (1.8)	48.9	
Liver	80779 (1.9)	47 (1.1)	41.1	
Urinary Bladder	184884 (4.4)	315 (7.0)	35.5	
Brain and Other				
Nervous System	60265 (1.4)	42 (0.9)	29.8	
Testis	30709 (0.7)	55 (1.2)	27.2	
Prostate	736360 (17.5)	1229 (27.4)	26.6	
Colon and Rectum	453390 (10.8)	495 (11.0)	25.0	
Non-Hodgkin				
Lymphoma	191342 (4.5)	209 (4.7)	24.7	
Melanoma of the				
Skin	191615 (4.5)	256 (5.7)	23.3	
Leukemia	114537 (2.7)	93 (2.1)	22.8	
Kidney and Renal				
Pelvis	141344 (3.4)	139 (3.1)	22.3	
Ovary (excluding certain histologies)	71596 (1.7)	39 (0.9)	15.4	
Hodgkin				
Lymphoma	26868 (0.6)	24 (0.5)	15.1	
Cervix Uteri	47853 (1.1)	32 (0.7)	13.3	
Thyroid	123696 (2.9)	60 (1.3)	8.4	
Female Breast	700808 (16.6)	287 (6.4)	7.0	
Corpus and Uterus, NOS	144312 (3.4)	40 (0.9)	5.3	



- Pancreatic cancer:
86.4/100,000 PY
- Head and neck:
63.4/100,000 PY

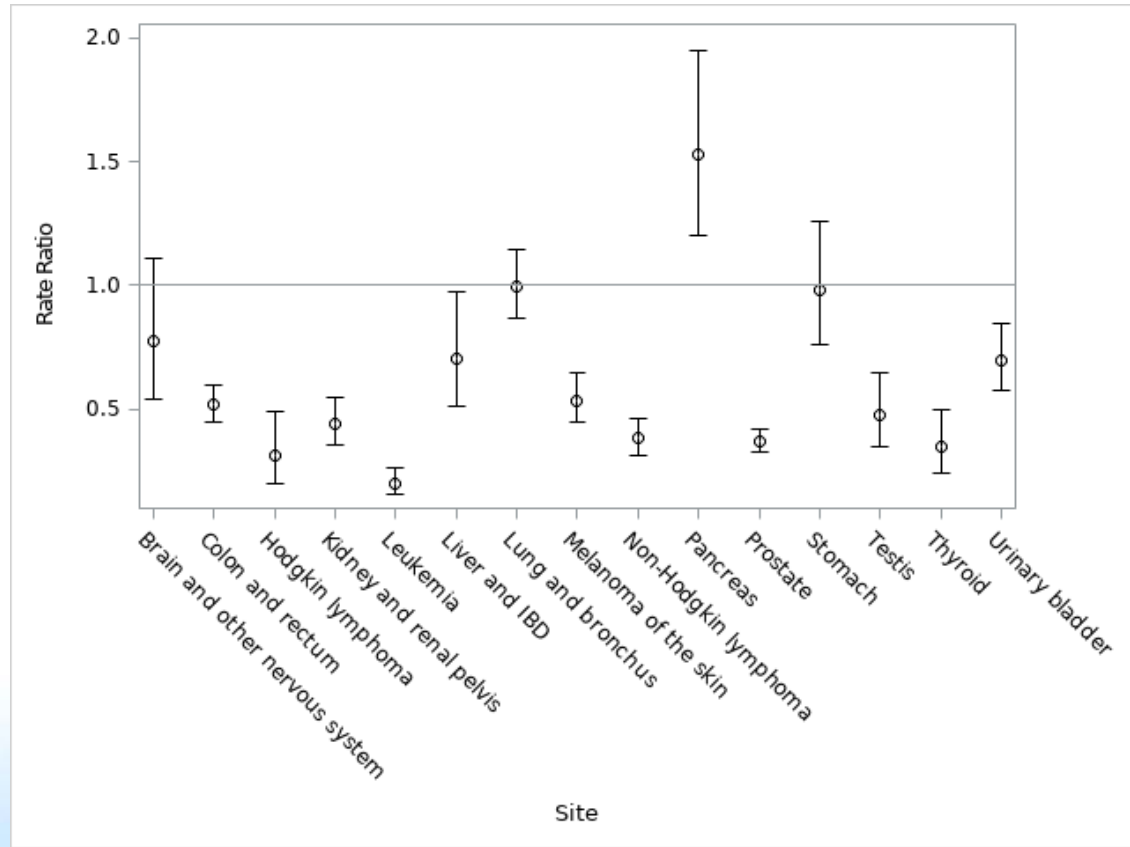
Fully adjusted model: head and neck cancer vs. all non-head and neck cancer sites combined



		Adjusted Rate Ratio (aRR)	95% Confidence Interval
Site	Non-HNC (ref)	1.00	1.00
	Head and neck cancer	1.97	1.77, 2.19
Sex	Female (ref)	1.00	1.00
	Male	5.63	5.17, 6.13



Fully adjusted
model: risk of
suicide among
male HNC
survivors vs.
other cancers



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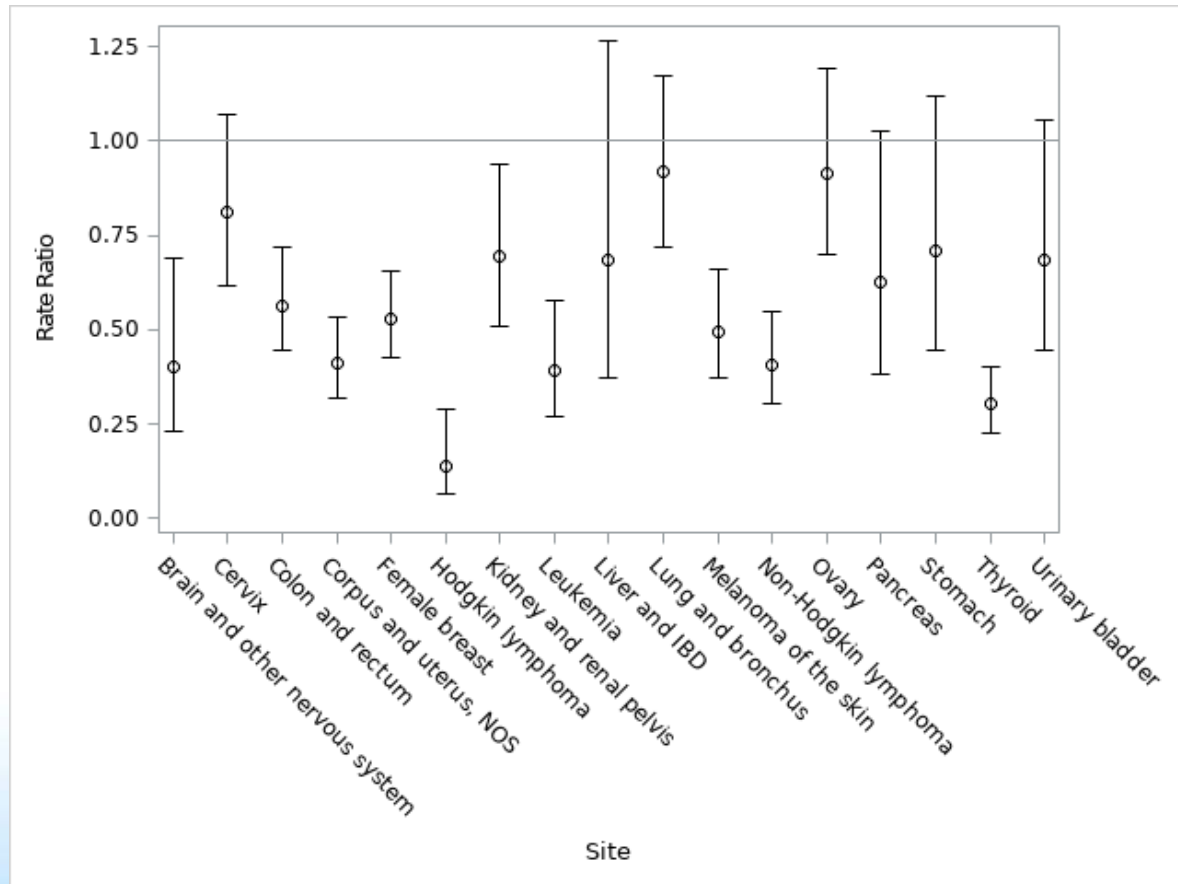
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Fully adjusted
model: risk of
suicide among
female HNC
survivors vs.
other cancers



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SUMMARY OF FINDINGS

- Pancreatic cancer (86.4/100,000 PY);
HNC (63.4/100,000 PY)
- HNC survivors two times likelier to die by suicide than other survivors (aRR=1.97, 95% CI 1.77, 2.19)
- Only male pancreatic cancer survivors had higher suicide risk than HNC (aRR=1.53, 95% CI 1.21, 1.95)



TAKE-HOME POINTS

- Pancreatic cancer (86.4/100,000 PY);
HNC (63.4/100,000 PY)
- HNC survivors two times likelier to die by suicide than other survivors (aRR=1.97, 95% CI 1.77, 2.19)
- Only male pancreatic cancer survivors had higher suicide risk than HNC (aRR=1.53, 95% CI 1.21, 1.95)



CLINICAL/PUBLIC HEALTH IMPLICATIONS

1. Provide evidence for incorporating suicide prevention clinics into the mainstream of individualized cancer survival care plan
2. Provide evidence to support including lifelong suicide surveillance in the NCCN guidelines, making it standard medical practice



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LIMITATIONS AND STRENGTHS



- Retrospective data (difficulty establishing causality)
- Difficulty delineating self-inflicted injury/suicide vs. accidents/adverse effects (potential misclassification)
- Comorbidities, e.g., depression not available in SEER
- No information on existing psychiatric conditions, family history of suicide, or use of medications
- HPV-tumor status classified through anatomic proxy



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Collaborators/Coauthors:

- Lauren D Arnold, PhD, MPH
- Matthew C Simpson, MPH
- Sean T Massa, MD
- Longwen Zhao, MS
- Eric Adjei Boakye, MA, PhD(c)
- Ronald J Walker, MD
- Kara Christopher, MS, MPH, PhD(c)
- Stephanie Olomukoro, MD, MPH
- Travis Loux, PhD
- Mario Schootman, PhD
- Mark A Varvares, MD, FACS



THANK YOU!



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