

Patients diagnosed with cancer at increased risk of suicide



Results from two retrospective studies in the USA suggest that patients diagnosed with cancer have an increased risk of dying by suicide.

In the first study, Nicholas Zaorsky (Penn State Cancer Institute, Hershey, PA, USA) and colleagues looked at data from the Surveillance, Epidemiology, and End Results (SEER) programme and found that between 1973 and 2014, 13 311 (0.1%) of 8 651 569 patients diagnosed with cancer died by suicide. In this population, the suicide rate was 28.58/100 000-person years and the standardised mortality ratio (SMR) of suicide was 4.44 (95% CI 4.33–4.55). Most patients who died by suicide were male (11 042 [83%] of 13 311), white (12 258 [92%]), and diagnosed with lung, head and neck, testicular or bladder cancer, or Hodgkin's lymphoma (SMR>5).

In the second study, Anas Saad (Ain Shams University, Cairo, Egypt)

and colleagues also looked at the SEER data of 4 671 989 patients who were diagnosed with cancer during 2000–2014, and found that 1 005 825 died in the first year of cancer diagnosis, including 1585 (0.2%) patients who died by suicide. The excess risk per 10 000 person-years was 2.51, suggesting an increase in risk of suicide among patients with cancer compared with the general population within the first year of cancer diagnosis. Suicide risk in the first year of diagnosis increased for patients with pancreatic, lung, and colorectal cancer, but not for those diagnosed with breast and prostate cancers.

Zaorsky said, "Even though cancer is one of the leading causes of death in the United States, most cancer patients do not die from cancer." Hesham Hamoda (Harvard Medical School, Boston, MA, USA), co-author

of the second study, said, "The most important take-home message is that clinicians should be aware of the significant increase in suicide risk and that the risk peaks early on (second month after diagnosis carrying), which carries the highest risk". Cassandra Alcaraz (American Cancer Society, Atlanta, GA, USA) commented, "Both studies highlight the need for proactive screening and targeted intervention for cancer survivors, especially those from subgroups most at risk for suicide". Camilla Zimmermann (University of Toronto, Toronto, ON, Canada), said, "All patients diagnosed with cancer should be offered psychosocial support through their primary care team, and cancer centers should have psychosocial specialists who can attend to those who show signs of distress".

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For more on the **second study** see *Cancer* 2019; published Jan 7. DOI:10.1002/cncr.31876