



Perceived social support in African American breast cancer patients: Predictors and effects



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ABSTRACT

Rationale: Social support plays an important role in quality of life and health outcomes after breast cancer diagnosis and treatment.

Objective: To examine changes in perceived social support in African American women during the two years following a new breast cancer diagnosis.

Methods: This secondary analysis uses data collected from 2009 to 2015 from 227 newly diagnosed, African American women with breast cancer (mean age 56 [$SD = 10$], 59% household income < \$25,000; 28% married/partnered, 72% early stage) participating in a randomized controlled trial testing the effects of a video-communication intervention on quality-of-life and follow-up care. Participants, all of whom received treatment in one metropolitan area of the Midwestern United States, completed five telephone interviews over 2-year follow-up; demographic, psychosocial, quality of life, and clinical data were collected. Growth curve models were used to examine change in perceived social support (measured by the Medical Outcomes Study Social Support Survey) as well as correlates of baseline levels of social support and predictors of change in individuals' social support. Additional analyses examined whether change in social support over the first year affected depressive symptoms (Center for Epidemiologic Studies Depression Scale) and general health perceptions (RAND SF-36 subscale) at two years.

Results: Being married, reporting greater spirituality, and reporting fewer depressive symptoms at baseline were significantly associated with higher initial levels of perceived social support. Women whose social support declined during the first year after diagnosis reported more severe depressive symptoms and worse general health perceptions at two years.

Conclusion: Clinicians should periodically assess perceived social support among African American women with breast cancer to help find support resources for those who have low initial social support and for those whose support declines in the first year after diagnosis.

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Breast cancer is the most commonly diagnosed non-skin cancer among women in the U.S., including among African American women (DeSantis et al., 2016). Although African American women are diagnosed with breast cancer at similar rates compared with White women, they are 42% more likely to die from the disease (DeSantis et al., 2016). Only 78% of African American women diagnosed with breast cancer survive five years, compared to 92% of White women (Office of Minority Health, 2013). In addition, there

are differences between African American and white women in adherence to follow-up care recommendations, with African American patients having lower rates of clinic visits and surveillance mammography (Advani et al., 2014). The disparity in outcomes has been attributed to a variety of factors, including stage at diagnosis, type of tumor, access to care, and socioeconomic status, but much of the disparity remains unexplained (American Cancer Society, 2013).

Healthy People 2020, the blueprint of health goals for the U.S., states that an individual's health is determined in part by "the resources and supports available in our homes, neighborhoods, and communities" (U.S. Department of Health and Human Services, 2014). Greater social support is associated with better health and

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wellbeing, both in the general U.S. population (Galea et al., 2011; Umberson and Montez, 2010; Uchino, 2009) and among cancer survivors (Kroenke et al., 2013; Mols et al., 2005). Social support plays an important role in quality of life and health outcomes after breast cancer diagnosis and treatment (Epplein et al., 2011; Courtens et al., 1996). Higher levels of social support are associated with lower mortality (Kroenke et al., 2013; Pinguat and Duberstein, 2010; Chou et al., 2010), greater posttraumatic growth (Schroevvers et al., 2010), higher levels of physical activity (Barber, 2012), better physical health (Ganz et al., 2003), and lower levels of distress (Andreu et al., 2012). Lower levels of social support after diagnosis and during treatment have been associated with development of depression and anxiety (Hill et al., 2011; Patten et al., 2010; Schroevvers et al., 2003). Social support may affect health through both social mechanisms that help promote engagement in healthy behaviors (Umberson et al., 2010) and one's emotional wellbeing (Thoits, 2011) and biological mechanisms, which can affect the tumor microenvironment and tumor growth (Hinzey et al., 2016; Lutgendorf and Sood, 2011).

Social support is measured in various ways, including assessing perceptions of availability of support or receipt of supportive acts (Uchino, 2009) and examining structural factors such as social ties or social integration (Umberson et al., 2010). Perceived availability of support, the focus of the current study, can be measured both as a global construct or as distinct subtypes of support (e.g., emotional, instrumental) (Sherbourne and Stewart, 1991; Uchino, 2009; Thoits, 2011). Findings from prior research on perceived social support in breast cancer patients are mixed. Prior work has suggested that many women report having increased support around the time of cancer diagnosis, but that this support often decreases over time after treatment (Den Oudsten et al., 2010; Courtens et al., 1996; Bloom and Kessler, 1994), a decrease that may be associated with negative psychosocial outcomes (Thompson et al., 2013). Not all studies have found a decline in social support after diagnosis, however. Scores on the Medical Outcomes Study Social Support Survey (MOS-SSS) were stable among Australian breast cancer patients from time of diagnosis to three years later (Leung et al., 2014). These mixed findings suggest that declines in social support may differ across geographic regions and perhaps race/ethnicity, and that it is important to consider the time intervals at which social support is measured. In particular, these findings also suggest that it may be particularly important to monitor social support in the first few years following a breast cancer diagnosis.

A smaller body of research has investigated perceived social support in African American women with breast cancer. In a cross-sectional study of racially/ethnically diverse breast cancer patients within five years of diagnosis, scores on the MOS-SSS were higher for African Americans than for women in other racial/ethnic groups (Giedzinska et al., 2004). In contrast, another cross-sectional study of patients within three years of diagnosis who had various types of cancer found that African Americans reported lower perceived social support than Whites, and that higher levels of perceived support were associated with better mental health quality of life (a summary measure based on four subscales of the SF-36) in African Americans but not in Whites (Matthews et al., 2012). Qualitative studies with cancer survivors more than a year post-diagnosis suggested that a number of African American breast cancer patients may have unmet needs for social support, particularly emotional support, during treatment and survivorship (Haynes-Maslow et al., 2016; Lewis et al., 2012).

Less is known about how social support changes over time in African American women with breast cancer, and what the consequences of changes in social support might be. Growth curve analyses in early-stage breast cancer patients (Thompson et al., 2013) demonstrated that, compared with White breast cancer patients,

African American patients reported higher initial levels of perceived social support a mean six weeks after definitive surgical treatment and showed a steeper decline in social support over 2-year follow-up. Among African American and White women with early- and late-stage breast cancer, higher perceived emotional support at diagnosis was found to be associated with a moderate decrease in all-cause mortality over the ensuing 10 years (Soler-Vila et al., 2003).

Building upon this previous work, our study examined predictors and effects of change in perceived social support over time in a sample of African American women newly diagnosed with early-stage and locally advanced breast cancer. There were three hypotheses: 1) Perceived social support would decline significantly over time; 2) Individuals' change in social support over time (slope) and estimated initial levels of social support (intercept) would be predicted by demographic, psychosocial, quality of life, and clinical variables; and 3) Greater decline in social support and lower social support intercept would be associated with poorer general health perceptions and greater severity of depressive symptoms at 2-year follow-up.

1. Methods

This secondary analysis included data from a 2-year randomized controlled trial of 227 African American women newly diagnosed with breast cancer who were randomly assigned to two arms: 107 in the intervention arm; 120 in the control arm. The intervention arm received a novel, interactive, broadcast-quality video program designed to deliver clinically relevant cancer-related information to African American breast cancer patients (Pérez et al., 2014). The intervention, delivered three times over the first year of the study, aimed to increase patients' quality of life and adherence to follow-up care recommendations (see Online Supplement). Participants in the control arm received standard of care and were not exposed to the videos. African American women receiving breast cancer treatment at Siteman Cancer Center at Barnes-Jewish Hospital and Washington University School of Medicine and at Saint Louis University School of Medicine between 2009 and 2012 were mailed letters approximately three days after each patient's surgical consultation for newly diagnosed breast cancer to invite them to participate. Patients were eligible for inclusion if they self-identified as African American, were ≥ 30 years of age, and had a first primary ductal carcinoma *in situ* (stage 0) or invasive breast cancer (stages I - III). Patients were excluded if they had a history of breast cancer, metastatic (stage IV) breast cancer, bilateral mastectomy (precluding surveillance mammography, which was one of the outcomes of interest), mental or cognitive problems that would preclude responding to interview questions, and inability to speak English. Of 371 eligible patients invited to participate, the study team enrolled 227 (61.1%). Participants gave informed consent and were paid \$25 per interview. This study was approved by the institutional review boards at both institutions.

Participants completed computer-assisted telephone interviews five times over 2-year follow-up. Baseline interviews (Time 1) occurred shortly after commencement of neoadjuvant therapy (for eligible patients) or after a post-operative visit; subsequent interviews occurred approximately one month after baseline (Time 2), then six (Time 3), 12 (Time 4), and 24 months (Time 5) after definitive surgical treatment. Eighty-five percent of participants were retained through the final interview.

1.1. Measures

Variables in the models included those reported to be related to social support in the literature, including marital status (Von Ah

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