

# Socially isolated breast cancer patients face higher recurrence and mortality rates

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A new study found that more socially isolated breast cancer survivors had higher rates of recurrence and mortality, while women with larger social networks experienced better outcomes. Published early online in *Cancer*, a peer-reviewed journal of the American Cancer Society, the study found that some types of social ties were beneficial, while others were not, and that some types of relationships only benefited patients in certain racial or age groups.

For the analysis, Candyce Kroenke, MPH, ScD, of the Kaiser Permanente Division of Research in Oakland, California, and her colleagues examined information on 9267 women with breast cancer to see how patients' social networks within approximately two years following their diagnosis might affect their survival.

Over a median follow-up of 10.6 years, there were 1448 cancer recurrences and 1521 deaths (990 from breast cancer). Compared with socially integrated women, socially isolated women had a 40 percent higher risk of recurrence, a 60 percent higher risk of dying from breast cancer, and a 70 percent higher risk of dying from any cause. These associations were stronger in those with stage I/II cancer. Specific associations differed by age, race/ethnicity, and country of origin. For example, ties to relatives and friends predicted lower breast cancer-specific mortality in non-White women, whereas having a spouse predicted lower breast cancer-specific mortality in older White women. Community ties predicted better outcomes in older Whites and Asians.

"It is well established that larger social networks predict lower overall mortality in healthy populations and in [breast cancer patients](#), but associations with breast cancer-specific outcomes like recurrence and [breast cancer mortality](#) have been mixed," said Dr. Kroenke. "These findings, from a large pooled cohort of nearly 10,000 women with breast cancer, confirm the generally beneficial influence of women's [social ties](#) on [breast cancer](#) recurrence and mortality; however, they also point to complexity, that not all social ties are beneficial, and not in all women."

Dr. Kroenke added that clinicians should assess information on social networks as a marker of prognosis and should consider that critical supports may differ by sociodemographic factors. Also, she stressed the need for additional research to understand the mechanisms through which social networks influence outcomes so that effective interventions might be developed.

**More information:** "Post-diagnosis social networks and breast cancer mortality in the After Breast Cancer Pooling Project (ABCPP)."

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