

This Monday, an important article entitled *Psychologic Intervention Improves Survival for Breast Cancer Patients: A Randomized Clinical Trial* by Barbara Andersen and colleagues was published in the prestigious journal *Cancer*. The article provides evidence that professionally led support groups for breast cancer patients may increase their chance of survival, decrease their risk for recurrence, and decrease their risk of dying from other conditions. According to Mort Lieberman, PhD, Professor Emeritus from UCSF, *"this study is the best I've seen in the field of cancer and psychosocial interventions. It goes beyond quality of life and symptom reduction like depression. It shows survival benefits and reductions in disease progression from specific forms of support that TWC provides in many of its programs. What is unique in this study is that they have tested a combined intervention that includes, support, healthy lifestyle, stress reduction, and education that yielded significant results."* The study is part of a long-running Stress and Immunity Breast Cancer Project at Ohio State University. Attached is the new *Cancer* article.

Barbara Andersen, Ph.D. has been a leader in the field of psychoneuroimmunology of cancer for over 25 years. She has over 130 publications and her research has been funded continuously since 1983. Currently this includes an NCI grant for the Stress and Immunity Breast Cancer Project, an American Cancer Society grant for studying the bio-behavioral aspects of cancer recurrence, and a Research Career Award (K05) from the NCI. In 2003 she received the Award for Outstanding Contributions in Health Psychology from the American Psychological Association.

Mitch and I recently had a chance to talk with Barbara about her work at the 4th Biennial Cancer Survivorship Research Conference: Mapping the New Challenges, which was held in Atlanta, Georgia in June 2008.

Below is a Brief Overview of the study's key findings:

Psychosocial Interventions:

- A randomized controlled trial among women with regional breast cancer (Stages II and III) found that a 1-year, 26-session, professionally led group intervention was associated with improved survival and reduced risk for recurrence 11 years later.
- After a median of 11 years of follow-up (7-13 years), patients who were in the Intervention arm were found to have a reduced risk of breast cancer recurrence. Their risk for recurrence was reduced by 45%.
- Patients in the Intervention group had a reduced risk of death from breast cancer. Their risk from dying from breast cancer was reduced by 56%.
- Among patients who died of breast cancer, those who participated in the intervention program lived longer – an average of 6.1 years for program participants versus 4.8 years for those who were simply assessed.

- Intervention participants were also less likely to die from causes other than breast cancer, such as heart disease or other cancers. For those who died of any cause, participants in the intervention lived an average of 6 years compared to 5 years for those who didn't.
- Patients in the intervention arm with the greatest reductions in distress and physical symptoms were also those who practiced progressive muscle relaxation frequently (daily) and those who understood and remembered (daily) that continued stress could adversely affect their health and that it could be controlled/reduced by using the intervention techniques. "Moreover, the benefits from these techniques were greatest for patients vulnerable to poor outcomes (ie, those with the highest levels of cancer specific stress) (unpublished data). These data suggest that the relation between patients' use of particular intervention strategies and their subsequent health was important." Pg. 3455

Mind-Body Connection (immunological response):

The authors also explored an important link between immunologic response, stress, behavior and disease progression.

- Patients with recurrent disease demonstrated higher cortisol (a stress hormone), worse physical functioning, fatigue, and quality of life during this period.
- "...in the 17 months before detection, patients who were to develop disease recurrence were found to have significantly higher white blood cell, neutrophil, lymphocyte, and natural killer cell counts compared with Disease Free patients.

TWC VIEWPOINT: Take Home Messages

From TWC's perspective, these findings continue to provide encouraging evidence for the benefit of TWC's professionally led support groups, Patient Active Concept, and educational programs including our Frankly Speaking series and Cancer Transitions survivorship intervention. Indeed, there is abundant research that participating in support groups improves quality of life—reducing anxiety, pain and distress. And, psychoeducational programs improve active coping with the illness while improving the doctor patient relationship. In fact, in TWC's randomized clinical trial with Stanford University, participants in TWC's Patient Active Support Groups:

- (1) Made changes in their lives that they thought were important
- (2) Developed a new attitude towards their illness
- (3) Better partnered with their physician
- (4) Better accessed cancer-related information and resources

While it is always important to be cautious about generalizing from studies like these, that require replication and were conducted on a narrowly defined patient population (i.e., breast cancer patients Stages II and III), there are a number of similarities between the Intervention provided in the randomized controlled trial and TWC programs. Some parallels include:

- TWC provides weekly, professionally-facilitated support groups.
- TWC's support groups focus on: stress reduction, active problem solving for common difficulties, identifying supportive family members or friends, proactive communication with the medical team, strategies to increase daily activity (e.g., walking, exercise), improving dietary habits, and finding ways to cope with treatment side effects.

Some differences:

- The study intervention is structured, so that participants meet on a weekly basis for 4 months and on a monthly basis for 8 months (12 months in total).
- The intervention is designed for only patients with regional breast cancer, so we have to be cautious in generalizing to heterogeneous groups

Thus, there is congruency between the work of Andersen's team and the work we do everyday. Of course, more research is needed. However, the question is still *open* about whether there is a relationship between providing support, reducing stress, becoming Patient Active and important outcomes, such as enhanced immune function, reduced risk for recurrence, and improved survival rates. As such, it continues to be an evermore exciting time to be doing the work we do and to be providing quality support to those affected by cancer.

We hope you find this helpful and look forward to your feedback.