

# **Addressing relationships following a breast cancer diagnosis: The impact on partners, children, and caregivers**

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# Why is it important to understand the impact of a breast cancer diagnosis on relationships?


- Most breast cancer patients/survivors are partnered
- A cancer diagnosis is not experienced in isolation
- Addressing the psychosocial sequelae of a breast cancer diagnosis has implications for other family members, including partners and children

# Potential contributors to relationship challenges following a breast cancer diagnosis

- Diagnostic/treatment phase
  - Short-term concerns
    - Caring for partner after surgery, during treatment
    - Impact of treatment (e.g., surgery, chemotherapy)
    - Additional parenting responsibilities
- Survivorship
  - Longer term concerns
    - Adjusting to a new normal
    - Impact of treatment (e.g., adjuvant hormonal treatment)
    - Fear of recurrence

Impact on relationships:  
partners/caregivers

# A dyadic approach to understanding the impact of breast cancer on relationships between partners during early survivorship

Sharon Keesing<sup>1\*</sup> , Lorna Rosenwax<sup>2</sup> and Beverley McNamara<sup>3</sup>

- Interviews with 8 survivor/male spouse dyads between 6 months-5 years post-treatment (Australia)
- Mean age of women: 47 (range: 38-52) years; mean age of spouse: 48 (range: 34-53) years
- Three primary themes identified:
  - 1) A separation from the relationship resulting from the necessity for the survivor to put herself first
  - 2) Adjustment to relationship alterations
  - 3) Unmet support needs for moving forward
- Partners felt “largely ignored” during the post-treatment phase

# **Social, Marital, and Sexual Adjustment of Israeli Men Whose Wives Were Diagnosed With Breast Cancer**

Ilana Kadmon, RN, PhD, Freda DeKeyser Ganz, RN, PhD, Miri Rom, RN, PhD,  
and Anna C. Woloski-Wruble, RN, EdD

- Single institution study; N=50
- Mean age: 53.8; mean time from diagnosis: 12.8 months
- 80% with low amounts of anxiety
- 20% with moderate-severe social functioning difficulties
- ~50% had some degree of financial distress
- 72% had slight (13%) or moderate (59%) degree of sexual problems
- Majority (63%) expressed that they felt supported by their wives

# A Longitudinal Examination of Couples' Coping Strategies as Predictors of Adjustment to Breast Cancer

Lia M. Kraemer and Annette L. Stanton  
University of California, Los Angeles

Beth E. Meyerowitz  
University of Southern California

Julia H. Rowland  
National Cancer Institute

Patricia A. Ganz  
University of California, Los Angeles

- Adjunct study to larger, survivorship intervention study for women; N=139 heterosexual couples
- Mean age of women: 57 years; mean age of spouse: 59 years (range: 29-88)
- Approach-oriented coping in women associated with better vitality and lower symptoms of depression
- Approach-oriented coping in men associated with greater post-traumatic growth in women
  - Findings support notion that coping behaviors in men can impact outcomes in their spouses

# Depressive symptom trajectories in women affected by breast cancer and their male partners: a nationwide prospective cohort study

Nina Rottmann<sup>1,2</sup> · Dorte Gilså Hansen<sup>1</sup> · Mariët Hagedoorn<sup>3</sup> · Pia Veldt Larsen<sup>4,5</sup> · Anne Nicolaisen<sup>6</sup> · Pernille Envold Bidstrup<sup>7</sup> · Hanne Würtzen<sup>8</sup> · Henrik Flyger<sup>9</sup> · Niels Kroman<sup>10,11</sup> · Christoffer Johansen<sup>12,7</sup>

- Danish Couples and Breast Cancer Cohort (DCBCC) (N=508 couples)
- Mean age of women: 58.2 years; mean age of spouse: 60.4 years
- Trajectory of analysis of depressive symptoms measured at 3 timepoints (T1= $\leq 4$  months post-surgery; T2=5 months following T1; T3=1 year after T1)
- Prevalence of depressive symptoms higher in women at all time points (e.g., T1: 11.5 in women vs. 8.6% in men) but declined over time
- Symptom trajectories were comparable but correlation within each patient/partner dyad was not strong



# Family caregiver burden: results of a longitudinal study of breast cancer patients and their principal caregivers

Eva Grunfeld, Doug Coyle, Timothy Whelan, Jennifer Clinch, Leonard Reyno, Craig C. Earle, Andrew Willan, Raymond Viola, Marjorie Coristine, Teresa Janz, Robert Glossop

- N=130 patients with advanced breast cancer and 89 of their caregivers
  - Caregivers included partner/spouses (n=46), sister/daughter (n=26), friends (n=6), other (n=11)
- Longitudinal study that assessed how caregiving affected psychosocial and financial/work-related outcomes from palliative to terminal phase
- Levels of depression about the same in patients and caregivers; higher levels of anxiety in caregivers
- While there was no change in employment, absences, fewer hours worked were more common among caregivers during terminal vs. palliative phase

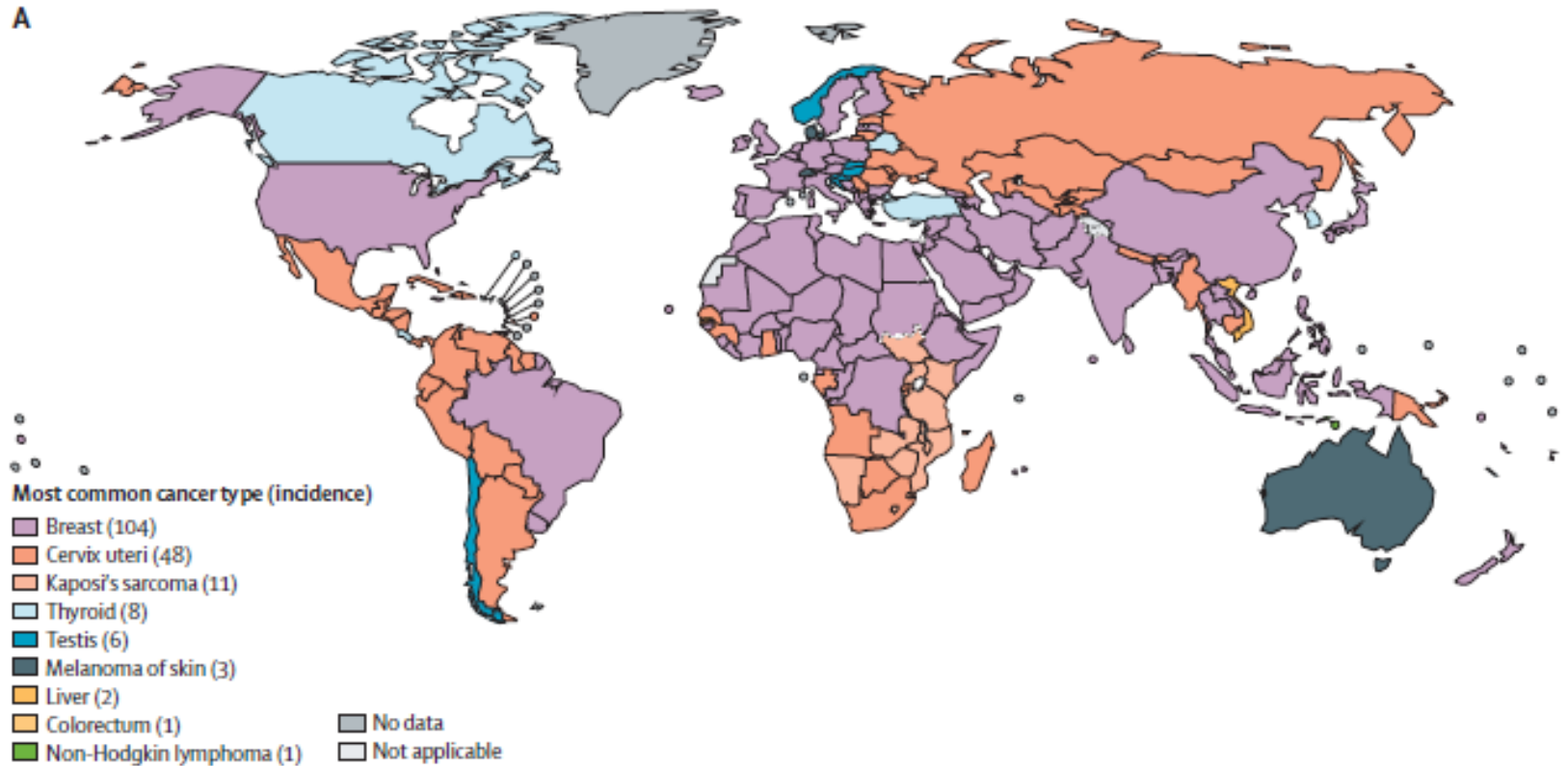
# **Women with advanced breast cancer and their spouses: diversity of support and psychological distress**

Ilanit Hasson-Ohayon<sup>1\*</sup>, Gil Goldzweig<sup>2</sup>, Michal Braun<sup>3</sup> and Daliah Galinsky<sup>3</sup>

- N=150 women with advanced breast cancer and their spouses
- Mean age of women: 53.15 years; mean age of spouse: 56.21 years
- Depression, anxiety, and distress higher in men than in patients
- Lower amounts of social support from friends and family reported by men compared to patients
- In men, greater social support from friends, family, as well as their wife was associated with less depression, anxiety, and distress

# Young women with breast cancer: A unique population

# Cancer incidence in young adults (20-39)



# Breast cancer is different in young women

- Young women are more likely to have advanced disease at diagnosis, unfavorable tumor biology, and higher rates of recurrence and mortality
- Young women face unique psychosocial challenges and are at a life stage where education, career, family, fertility, and body image may be important priorities

# Breast cancer is different in young women

- Young women are at increased risk for psychosocial distress following a breast cancer diagnosis
- The potential economic, psychosocial, and societal impact of a breast cancer diagnosis in this age demographic can be particularly onerous
- A “young” relationship may be largely untested by impact of major stressors

# Young (<45) vs. older survivors/age-matched controls

**TABLE 4.** Differential Finding for YS Comparing AC and OS

Group	YS Worse Than AC	YS Worse Than OS
Depression	YS worse than AC	YS worse than OS
Body Image		YS worse than OS
State and Trait Anxiety		YS worse than OS
Sleep		YS worse than OS
Fatigue	YS worse than AC	YS worse than OS
Attention Functioning	YS worse than AC	YS worse than OS
Sexual Functioning	YS worse than AC	YS worse than OS
Reed Spiritual	YS worse than AC	YS worse than OS
Social Support	YS better than AC	YS worse than OS
Social Constraint	YS better than AC	YS worse than OS
Marital Satisfaction		YS worse than OS
Fear of Recurrence		YS worse than OS
Positive growth index	YS better than AC	
Impact of Events	YS better than AC	YS worse than OS
Index of Well-being		YS worse than OS

Abbreviations: AC, age-matched control; OS, older survivor; YS, younger survivor.

- Worse psychosocial functioning across many domains compared to older survivors and age-matched controls
- Young survivors did better compared to age-matched controls in the areas of social support, social constraint, positive growth, and on Impact of Events Scale

# Treatment and impact on quality of life

- Surgery
  - Mastectomy vs. lumpectomy
    - Increasing number of (young) women choosing bilateral mastectomy
    - Body image issues may be more acute in young women
- Chemotherapy
  - Treatment-induced amenorrhea
  - Premature menopause
- Adjuvant hormonal therapy
  - Side effects from tamoxifen/aromatase inhibitors
  - Ovarian suppression



# Partner support in young women with breast cancer and anxiety

- N=675 young women with Stage I-III breast cancer enrolled in the Young Women's Breast Cancer Study (YWS) a large multi-center prospective cohort of women age  $\leq 40$  at diagnosis
- Median age at diagnosis (range): 36 (17-40) years
- Partner support assessed with two questions from the CARES:
  - My partner and I have difficulty talking about our feelings.
  - My partner and I are not getting along as well as we usually do.
- Perceived social support (MOS-SSS); Anxiety (HADS)

# Partner support and anxiety in young women with breast cancer

**Table 2. Mean MOS and HADS scores by partner status**

Partner status	Mean MOS		Mean HADS	
	score	$p < 0.0001$	anxiety score	$p < 0.0001$
Unpartnered	75.5		7.6	
Partnered/supported	89.6		7.2	
Partnered/unsupported	75.9		9.2	

- **Social support:** Unpartnered similar to partnered/unsupported
- **Anxiety:** Partnered/unsupported had most symptoms of anxiety

# Partners of young breast cancer survivors

- One-time cross-sectional survey of partners of young women enrolled in the YWS
- Outcomes included social support, quality of life, coping, parenting concerns, anxiety, depression, post-traumatic growth, sexual satisfaction
- N=332 respondents
  - Almost all respondent were male
  - In women not in “active treatment,” median follow-up from (patient) diagnosis to survey of partner was 58 months

Table 2. Prevalence of psychosocial concerns in partners (N=289)

Concern	N (%)	Missing N
Anxiety (HADS subscore $\geq 8$ )	106 (42)	39
Depression (HADS subscore $\geq 8$ )	47 (21)	60
Parenting concerns (N=208 with children)	74 (36)	4
Relationship strain	89 (32)	12
Financial insecurity	79 (29)	17
Not sexually active	55 (20)	12
Maladaptive coping style	120 (44)	19
Social support (MOS-SS summary score)	Median (range) 67 (19-95)	15

Abbreviations: HADS, Hospital Anxiety and Depression Scale; MOS-SS, Medical Outcomes Survey-Social Support Survey

# Parenting with cancer

- 2010 study estimated > 1.5 million cancer survivors in the United States live with dependent children =

>2.8 million children have a parent at home either being in treatment or post-treatment

# The impact of breast cancer on mother-child relationships in Korea

Sue Kim<sup>1\*</sup>, Yun Hee Ko<sup>2</sup> and Eun Young Jun<sup>3</sup>

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<sup>3</sup>Department of Nursing, Korea Nazarene University, Cheonan, Korea

- One-time interview; N=7;
- Average age 42; 1.5-9 years post-diagnosis
- Primary themes:
  - Focus on self
  - Caring for children
  - Sharing the diagnosis with children
  - Nurturing independence in children
  - Shift in priorities/desires related to their children's future

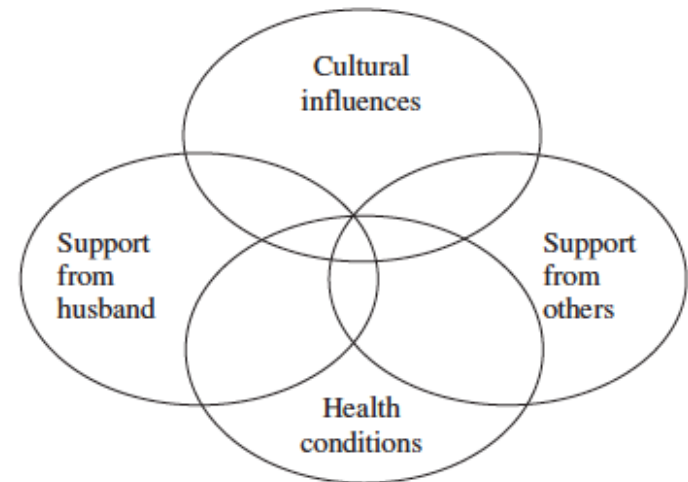


Figure 1. Influential factors in continuing to take care of children

# Worry about one's own children, psychological well-being, and interest in psychosocial intervention

Karin Stinesen-Kollberg<sup>1\*</sup>, Thordis Thorsteinsdottir<sup>1</sup>, Ulrica Wilderäng<sup>1</sup> and Gunnar Steineck<sup>1,2</sup>

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<sup>2</sup>Division of Clinical Cancer Epidemiology, Department of Oncology-Pathology, Karolinska Institutet, Stockholm, Sweden

- N=313 women both with and without children who resided with them were surveyed 1 year post-surgery
- Worry about children was associated with psychosocial distress
- Compared to women who did not have children living with them, women with children living with them were more likely to consider it important to discuss their worry about their children with a professional

Impact on relationship: The good news



## Couples Who Get Closer After Breast Cancer: Frequency and Predictors in a Prospective Investigation

Michel Dorval, Stéphane Guay, Myrto Mondor, Benoît Mâsse, Maurice Falardeau, André Robidoux, Luc Deschênes, and Elizabeth Maunsell

**Table 3.** Partners' Perceptions of the Effect of Breast Cancer and Its Treatment on Their Relationship (n = 282)

Spouse Perception	Patient Perception							
	Brought Us Closer		Had No Effect		Distanced Us		Other/Don't Know	
	Overall %	No.	Overall %	No.	Overall %	No.	Overall %	No.
Brought us closer	42	118	20	57	3	9	0	0
Had no effect	14	40	16	45	1	3	1	3
Distanced us	< 1	1	< 1	1	1	2	< 1	1
Other/don't know	< 1	1	0	0	< 1	1	0	0

# Post-Traumatic Growth and Psychosocial Adjustment of Daughters of Breast Cancer Survivors

Catherine E. Mosher, MA, Sharon Danoff-Burg, PhD, and Beverly Brunker, RN, BSN, OCN®

- N=30 women with a mother who had been diagnosed w/breast cancer; N=16 controls (no maternal breast cancer history)
- Psychosocial health similar between the daughters with and without a maternal breast cancer history
- Higher levels of post-traumatic growth were associated with:
  - greater perceived stressfulness of the diagnosis
  - care of the mother post-diagnosis
  - more social support
  - greater life satisfaction
  - utilization of various coping strategies

# Interventions

# Psycho-educational group intervention to improve sexuality

- RCT that enrolled breast cancer survivors identified as having sexual, body image, and/or partner communication issues
- Intervention=6 week, 2 hours/week, psycho-educational in-person group intervention vs. control (survivorship brochure)
- Results demonstrated some positive effects regarding improved sexual satisfaction, relationship adjustment and communication but did not show any difference between groups with regard to emotional health

# Helping Her Heal-Group

- Single arm feasibility study for husbands of breast cancer patients
- 5 week, 1.5 hours/week, in person group intervention
- Post-intervention:
  - improved self-efficacy
  - Improved partner skills (e.g., self-care, support, wife-support)
  - no significant decrease in overall depression scores (but low baseline prevalence) in men
  - depressive symptoms improved significantly in women

# Supportive vs. Skilled-based Group intervention for couples

- RCT that enrolled women with DCIS/early-stage breast cancer diagnosed within the last year and their partners
- Enhanced couple-focused group intervention (ECG) vs. Support group for couples (SG); both 8 sessions, 1.5 hours/week over 8 weeks
- Couples in both groups experienced decreased anxiety, depression and distress and increased well-being
  - Specific effects of interventions did differ based on some individual/partner-related factors

# The FOCUS program: a intervention for women with recurrent breast cancer and their family members

- RCT of educational/support intervention (vs. standard care) that enrolled women with recurrent breast cancer and their family members who were caring for them
- 5 “core” domains: **F**amily involvement, **O**ptimistic attitude, **C**oping effectiveness, **U**ncertainty reduction, **S**ymptom management
- Intervention was effective at decreasing hopelessness and decreasing negative views of illness in women, and at decreasing negative views of caregiving among caregivers at the 3 month follow-up but not at 6 month follow-up
- QOL was similar between intervention and control groups

# Enhancing Connections – Telephone Study

- Began as successful home-based program and evolved into telephone-based parenting education program
- Developmental-contextual model of parenting, the transactional model of coping, and Bandura's Social Cognitive Theory informed the content
- Maternal outcomes:
  - decreased anxiety
  - better self-efficacy to remain composed when discussing breast cancer with kid(s); aiding self/family/kid handle the diagnosis
  - better parenting skills related to prompting kids to share their fears about the diagnosis and assisting with coping with the diagnosis
- Child outcomes
  - fewer behavioral issues
  - better emotional-social functioning



# Limitations and gaps

- Most of the existing literature reflects heterosexual couples
- Interventions
  - Generalizability to other populations; cultural considerations
  - Scalability and sustainability
  - Accessible to those who need them most?

# Summary

- A breast cancer diagnosis can have a profound impact on the psychosocial health of the patient as well as close family members
- Relationships with significant others, children, and other family members can be affected and roles may be altered as a consequence of the diagnosis and subsequent treatment
- The life stage of a breast cancer patient is also a necessary consideration
- Identifying and implementing effective strategies to help women and their family members cope with the challenges they face at diagnosis, through active treatment, and into survivorship, can potentially help all members of the family unit negotiate a “new normal”

Thank you!