

Health-related Quality Of Life Among Australian Women Cancer Survivors - The Roles of Optimism And Social Support

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Take home message: Low optimism and social support, other health conditions, and financial difficulties were the significant determinants of poorer HRQOL among women cancer survivors. These findings imply that social support, effectively managing other health conditions, and support in income management are important aspects of enabling better quality of life for female cancer survivors.

BACKGROUND

Health-related quality of life (HRQOL) refers to patients' appraisal of their health and well-being across various dimensions. Previous studies among selected cancer populations suggest that people with cancer are likely to experience poorer physical and mental functioning, with several sociodemographic, behavioural, comorbidities and clinical determinants associated with poorer HRQOL.¹⁻⁴ The existing evidence in relation to psychosocial determinants of HRQOL among cancer survivors is limited and based on selected cancer patient groups, moderate or small sample size, cross-sectional study design, and does not account for the time since diagnosis of cancer.^{5,6} So far, no prospective cohort study has examined how optimism and social support promote HRQOL in cancer survivors.

OBJECTIVE

1. To compare the HRQOL among women cancer survivors and those without cancer
2. To identify the determinants of HRQOL among women cancer survivors
3. To examine the interaction effect of optimism and social support in promoting HRQOL among women cancer survivors

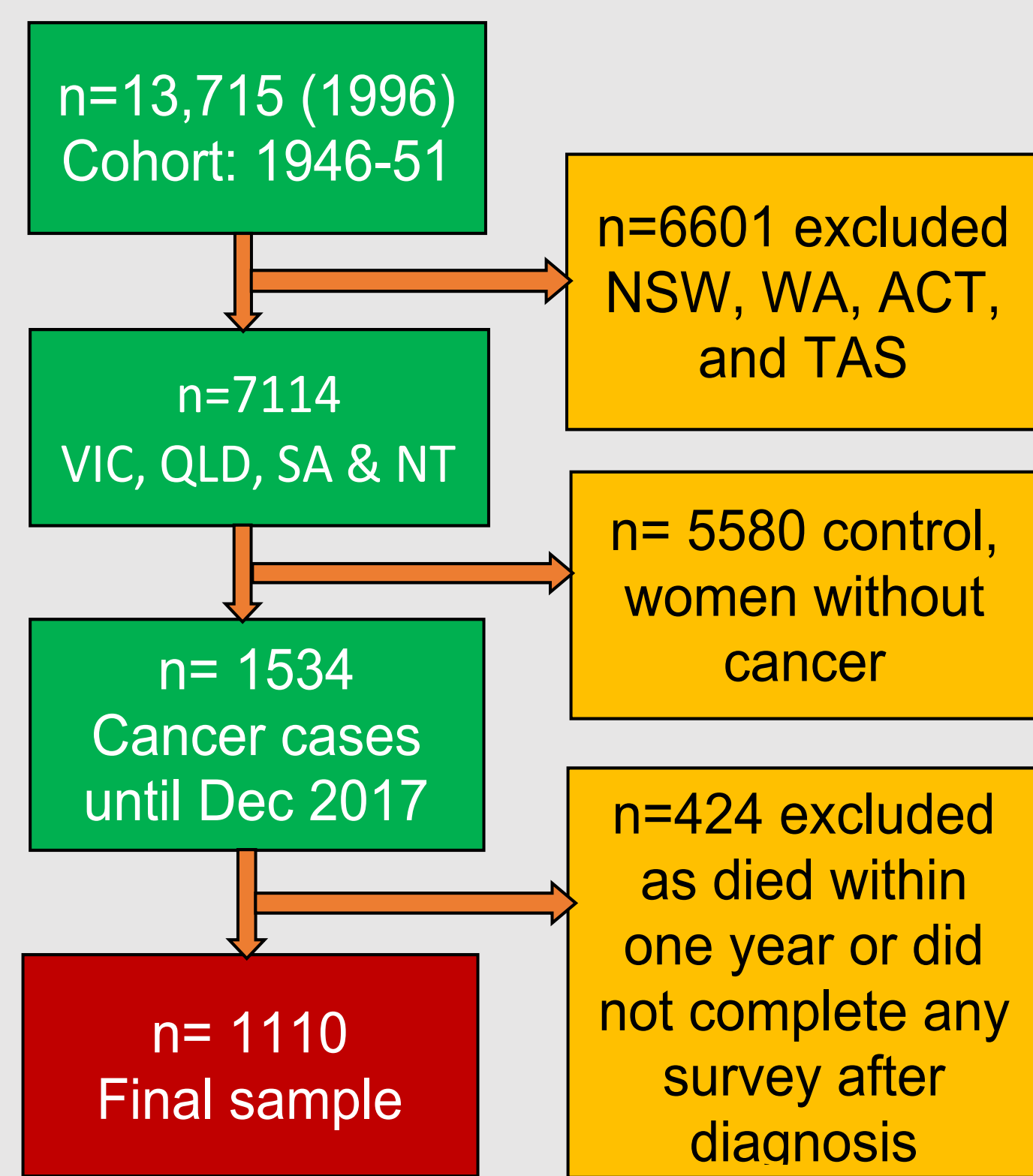
METHODS

Data source

1946-51 birth cohort (n=13,715) of the Australian Longitudinal Study on Women Health (ALSWH), linked with the Australian Cancer Database (ACD) and National Death Index.

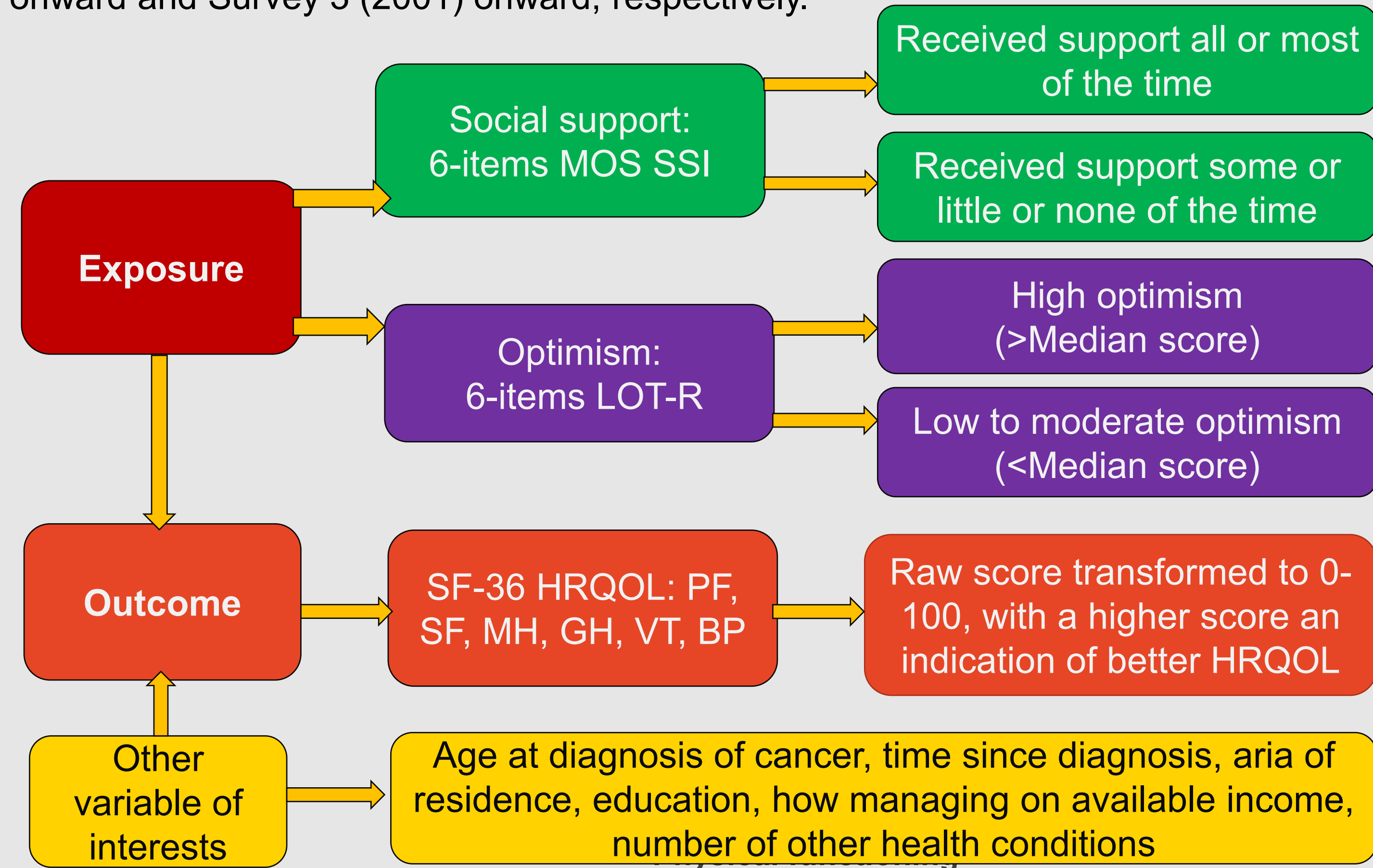
Design: Prospective cohort study

Derivation of the sample



Measures

Most variables were from the first ALSWH survey which completed first after diagnosis of cancer (from ACD). Medical outcome study (MOS) Social Support Index (SSI) and Revised Life Orientation Test (LOT-R) were measured from Survey 2 (1998) onward and Survey 3 (2001) onward, respectively.



Statistical analysis

Mean scores of the HRQOL subscales (except for role emotional and role physical) between cancer survivors and those without cancer were compared using two-sample t-tests. The average sub-scales scores for cancer survivors were further compared by the observed level of social support and optimism. Multivariable linear regression models were performed to identify the predictors and the interaction effect of optimism and social support for the six subscales of the HRQOL.

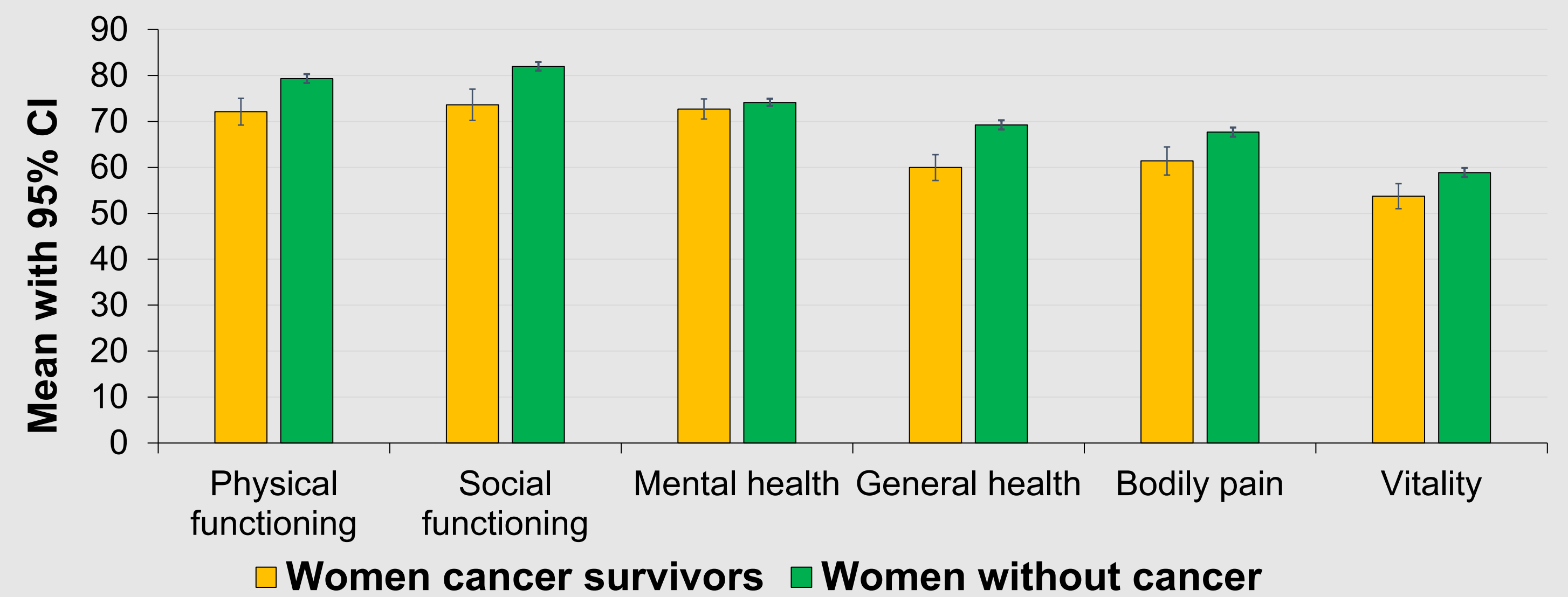
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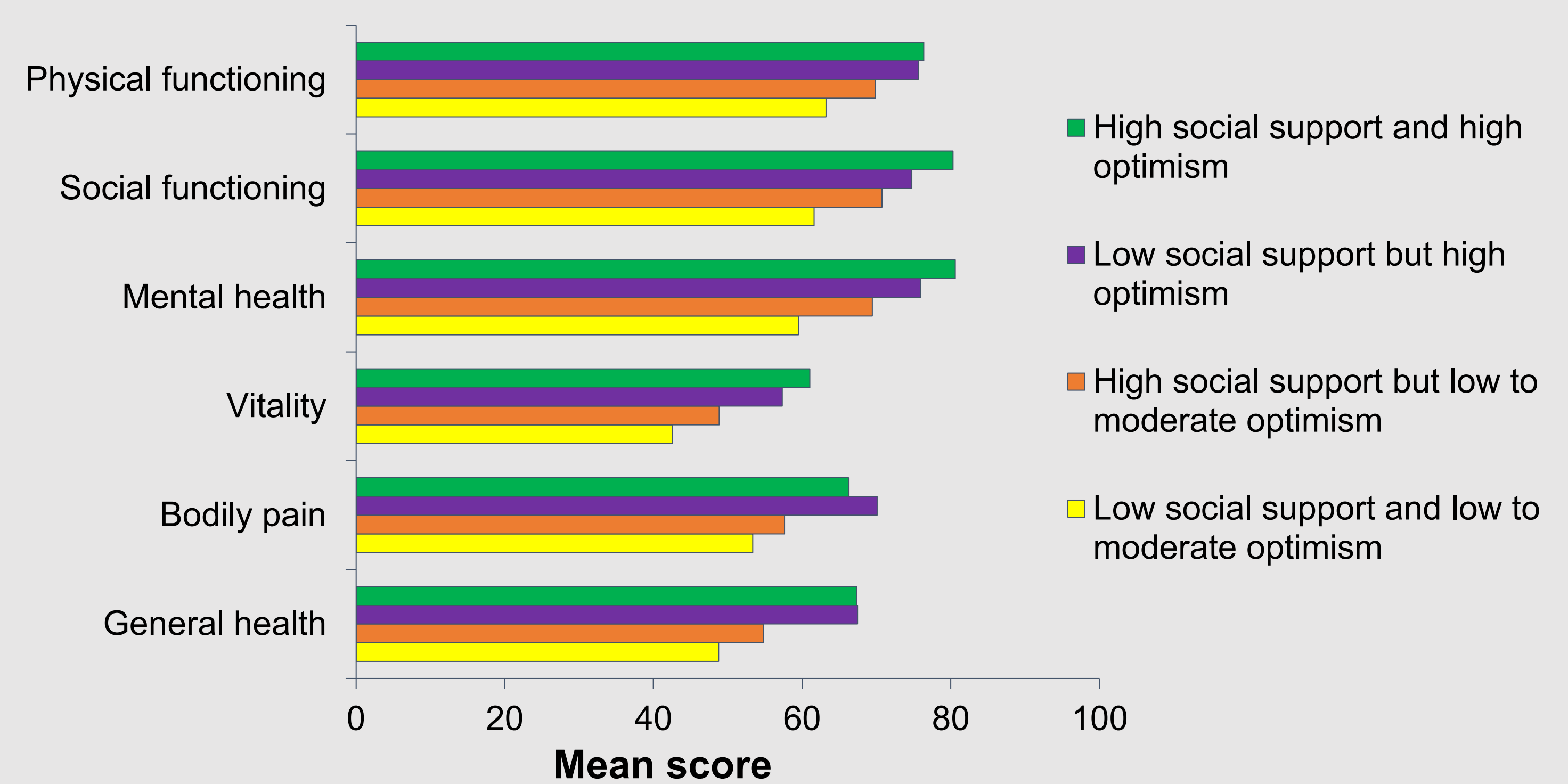
RESULTS

Of the 1110 women cancer survivors in the cohort (Vic, Qld, SA, & SA) who survived at least one year after diagnosis of cancer and participated in the survey, 466 (42%) were diagnosed with breast cancer, 183 (17%) with melanoma, 114 (10%) with cervix/uterus/ovary, 60 (5%) with colon, 33 (3%) lung and 254 (23%) other cancers.

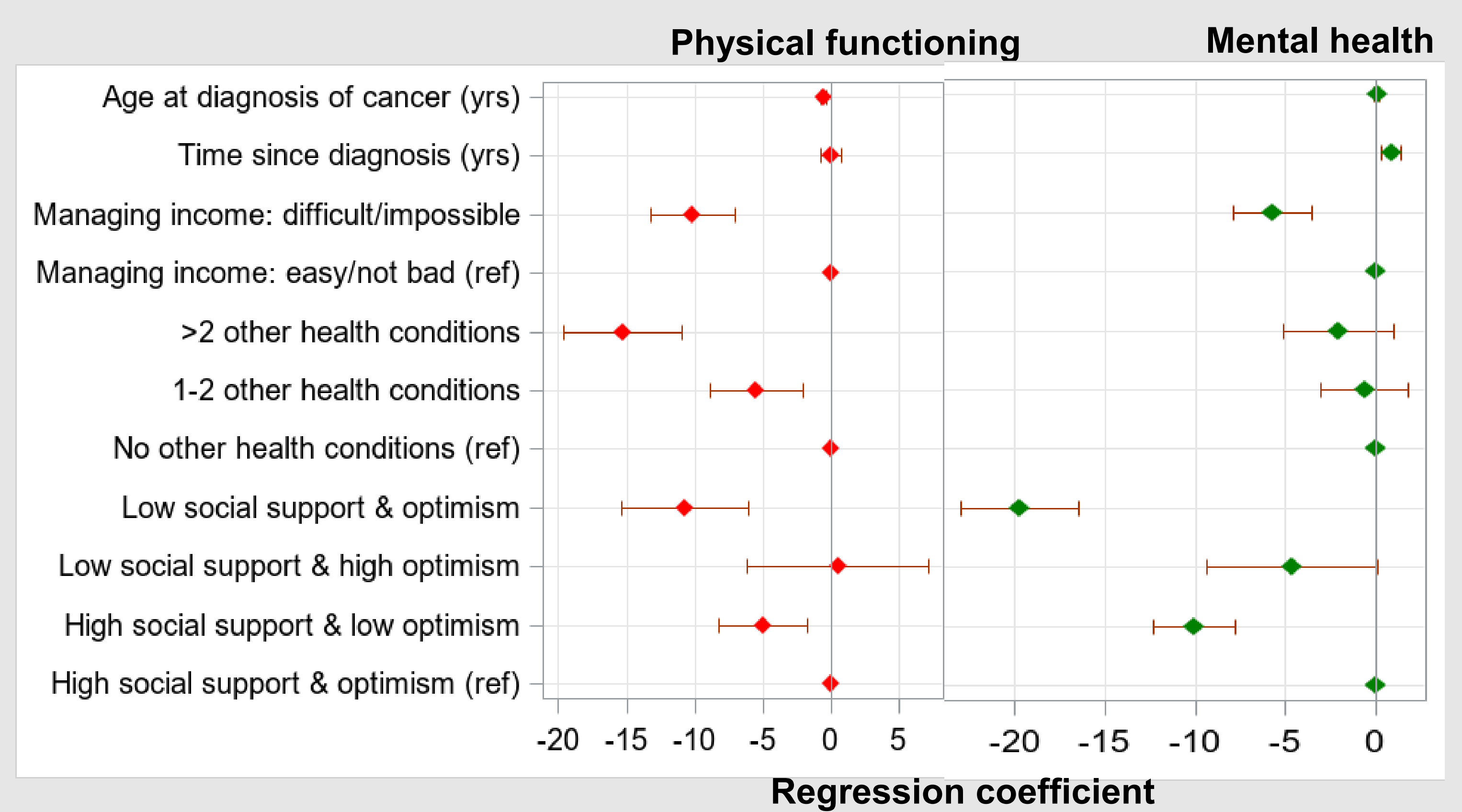
Women cancer survivors had significantly lower HRQOL (except for mental health) than those without cancer.



Women cancer survivors with low to moderate optimism and who received low social support had substantially lower average scores across all subscales of the HRQOL than those who had higher optimism and social support.



Results (coefficient & 95% confidence interval) from multivariable linear regression with the interaction of optimism and social support.



Women survivors with low social support and optimism compared to those with high, had significantly lower physical functioning (-10.7; 95% CI: -15.3, -6.1) mental health (-19.7; 95%CI: -22.9, -16.5). Survivors with 1-2 or >2 other health conditions than those with no other conditions and those who had difficulties in managing on available income than easy or not too bad, reported significantly lower HRQOL. Those excluded from the analysis were likely to have poorer health or died early.

CONCLUSION

This is the first study to examine the psychosocial determinant of HRQOL in a prospective cohort of women cancer survivors. We found that women cancer survivors had significantly lower HRQOL than those without cancer. Low optimism and social support, other health conditions, and financial difficulties were the significant determinants of poorer HRQOL among women cancer survivors. Further studies adjusting for survivors' clinical characteristics and stratifying by time since diagnosis are needed to confirm our findings.

Acknowledgment: The research on which this poster is based was conducted as part of the Australian Longitudinal Study on Women's Health by the University of Queensland and the University of Newcastle. We are grateful to the Australian Government Department of Health for funding and to the women who provided the survey data



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