

**LETTER TO THE EDITOR****Measures for risk factor stratification to prevent suicide mortality in breast cancer patients**

Gaitanidis et al, in their retrospective evaluation of the NCI's SEER database for the association between risk factors and trends of suicide mortality among breast cancer patients, noted statistically insignificant improvements in the latter incidence over the last 4 decades.<sup>1</sup> While the researchers identified younger age, male gender, non-white-non-black race, single (or separated/divorced/widowed) marital status, cancer-related surgery, lower or PR+ tumor grade and timing closer to diagnosis as the predisposing factors, the study clearly calls for accentuated measures towards suicide prevention in this vulnerable cohort.

Notably, the authors had limited data on important patient characteristics to endorse the major factors for the suicide endpoint. One hallmark of suicidal ideation is screening for depression. Likewise, other personality traits and psychosocial maladaptation(s) including but not limited to anxiety, anger, aggression, pessimism, and/or hopelessness also require due consideration within the risk stratification. It is therefore, reasonable to infer that diverse screening instruments would be necessary in the pre-intervention (re)search to address any suicidal intent. That being said, incorporating self-report measures as an added priority may contribute towards a holistic understanding by providing key information on breast cancer patients' illness-related contextual factors, qualitative life changes and psycho-emotional distress. Furthermore, patients' self-reported measures would aid the health care professionals in the effective conclusion of bio-psychosocial assessment and allow for an in-depth analysis of the significantly influential factors. Thus, while the depression and suicidal ideation presented as dependent variables, socio-demographic characteristics, health-related behavior, clinical condition per se and quality of life may act as independent variables. Thereby, the resulting data would inform researchers about breast cancer patients' additional risk factors for their suicidality, and allow for the development and/or implementation of effective suicide-prevention strategies.

As a team of cancer rehabilitation professionals, we strive to help our patients self-advocate and journey through their treatment successfully. However, there are many external and internal risk factors along the road to recovery that predispose to an impulsive mortality.

Due to lack of evidence from self-report measures, these issues are not discussed by Gaitanidis et al<sup>1</sup>; this may preclude the oncology care and allied health professionals from gaining a comprehensive understanding of other contributory factors. Though the methodology used in the study provided pertinent results, data from self-report screenings if available, would strengthen the overall findings of this research. It will also be a substantial body of evidence for the community services in recognizing patients-in-need for appropriate suicide prevention supports.

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**CONFLICT OF INTEREST**

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**ORCID**

Balasubramanian Srilatha  <http://orcid.org/0000-0002-2539-7871>

Pooi Yin Foong Counselor

Balasubramanian Srilatha Clinical Sexologist and Senior Researcher 

Yew Jin Ong Medical Director

Singapore Cancer Society, SCS Rehabilitation Center, 52 Jurong Gateway Road, 08-04 JEM Office Tower, 608550, Singapore

**Correspondence**

Dr Balasubramanian Srilatha, MD, PhD, Clinical Sexologist and Senior Researcher, Singapore Cancer Society, SCS Rehabilitation Center, 52 Jurong Gateway Road, 08-04 JEM Office Tower, Singapore 608550.

Email: [srilatha\\_b@singaporecancersociety.org.sg](mailto:srilatha_b@singaporecancersociety.org.sg)

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1. Gaitanidis A, Alevizakos M, Pitiakoudis M, Wiggins D. Trends in incidence and associated risk factors of suicide mortality among breast cancer patients. *Psycho-Oncology*, 2017 Oct 21. <https://doi.org/10.1002/pon.4570>. [Epub ahead of print].

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