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Stress Reduction Helped Women With Recurrent Breast Cancer Live Longer

Having sessions with a psychologist to learn how to reduce stress helped women with recurrent breast cancer live longer, with better quality of life, according to new research from the US.

You can read about the Phase III study, by Dr Barbara L. Andersen, a professor in the department of psychology at the Ohio State University, Columbus, and colleagues, in the 8 June Online First issue of *Clinical Cancer Research*, a journal of the American Association for Cancer Research.

The researchers studied women with newly diagnosed Stage II or III breast cancer who were randomly assigned to one of two groups: intervention and assessment-only. In addition to normal assessments, the women in the intervention group had sessions with a psychologist where they learned more about causes of cancer and how to reduce stress, and the other group just had the assessments.

Andersen, who is also a researcher at the Ohio State University Comprehensive Cancer Center - James Cancer Hospital and Solove Research Institute, told the press that:

"Patients in the intervention arm evidenced significant emotional improvement and more favorable immune responses in the year following recurrence diagnosis."

"In contrast, stress remained unabated and immunity significantly declined in the assessment-only group," she added.

Previous studies have already shown that psychological stress disrupts the immune system, impairs quality of life, and causes people to neglect their health.

In a previous study where they followed women with breast cancer for 11 years, Andersen and colleagues found that those who received psychological support had a 45 per cent lower risk of their breast cancer recurring.

In this study they wanted to see what effect the intervention might have on survival.

The participants were 227 women with newly diagnosed Stage II or III breast cancer who were randomly assigned to the assessment-only or the intervention group where they received psychological therapy that aimed to help them understand more about cancer and stress, learn practical ways to reduce stress and improve quality of life, and how to stick to a plan to change behavior.

The therapy also covered how to improve communication with their medical team, increase their wellbeing during treatment, speed up recovery and improve their overall health.

During 11 years of follow up, 62 of the participants were diagnosed with recurrent breast cancer. Of these, 23 intervention and 18 assessment-only participants remained available for further further biobehavioral study.

The analysis showed that after recurrence, the women who had previously received the psychological therapy had a 59 per cent lower risk of dying of breast cancer (intention to treat analysis revealed reduced risk of death for intervention arm: hazard ratio of 0.41, $P = 0.014$).

The authors also wrote that:

"Mixed-effects follow-up analyses with biobehavioral data showed that all patients responded with significant psychological distress at recurrence diagnosis, but thereafter only the intervention arm improved (P values). They also found that the immune indices (they measured natural killer cell cytotoxicity and T-cell proliferation) were significantly raised for the intervention group 12 months after recurrence diagnosis (P values). Andersen and colleagues concluded that taken with the findings of the previous study, these results suggest that psychological intervention affects patients' risk for breast cancer recurrence and death.

Andersen said the results:

"Show enduring benefits from the psychological intervention that were never previously considered or observed."

"Survival advantages occurred above and beyond the improvements from state-of-the-science oncology treatments received at an NCI-designated comprehensive cancer center," she added, suggesting that:

"An empirically supported psychological intervention for cancer patients can yield robust gains of enduring quality, and ones that may include important health benefits."

Dr Sarah Gehlert, E. Desmond Lee professor of racial and ethnic diversity, at The Brown School, Washington University, St. Louis, who was not involved with the study, said:

"Dr. Andersen's intervention provides a strong model for translation in breast cancer research."

"These results are extremely heartening, because it shows that a psychological intervention can have long-term positive effects," she added.

"Biobehavioral, Immune, and Health Benefits following Recurrence for Psychological Intervention Participants." Barbara L. Andersen, Lisa M. Thornton, Charles L. Shapiro, William B. Farrar, Bethany L. Mundy, Hae-Chung Yang, and William E. Carson III.

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