

People, places and breast cancer in Pathways: Social isolation, social support and breast cancer survivorship



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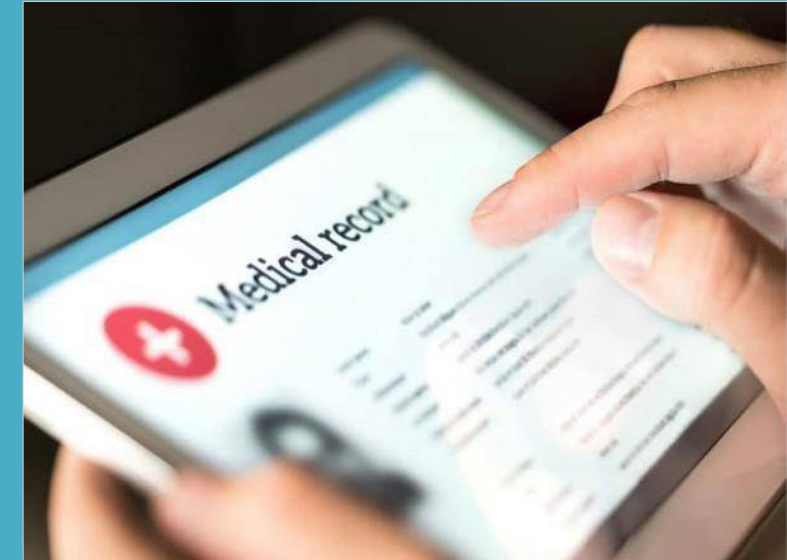
Overview



Concepts



Population studies
including Pathways



Implications

Concepts



Terms: Social Determinants of Health

The conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. (WHO)

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education			
Support	Walkability				
Health Outcomes					
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations					

Social networks (*structural social support*) is the web of social relationships that surround an individual

Social ties (and frequency of contact)



- Family
- Friends
- Religious
- Community
- Work, Online, etc.



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Objective measure of social isolation, integration

Social support (*functional social support*) is the perception and reality of the exchange of assistance through social relationships



Tangible/instrumental

Sherbourne and Stewart, 1991

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Tangible/instrumental

Emotional/
informational

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Affectionate

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Tangible/instrumental



Emotional/
informational



Affectionate



Positive interaction
(the availability of someone
with whom to have fun,
relax, and get one's mind off
things for a while)

Population studies

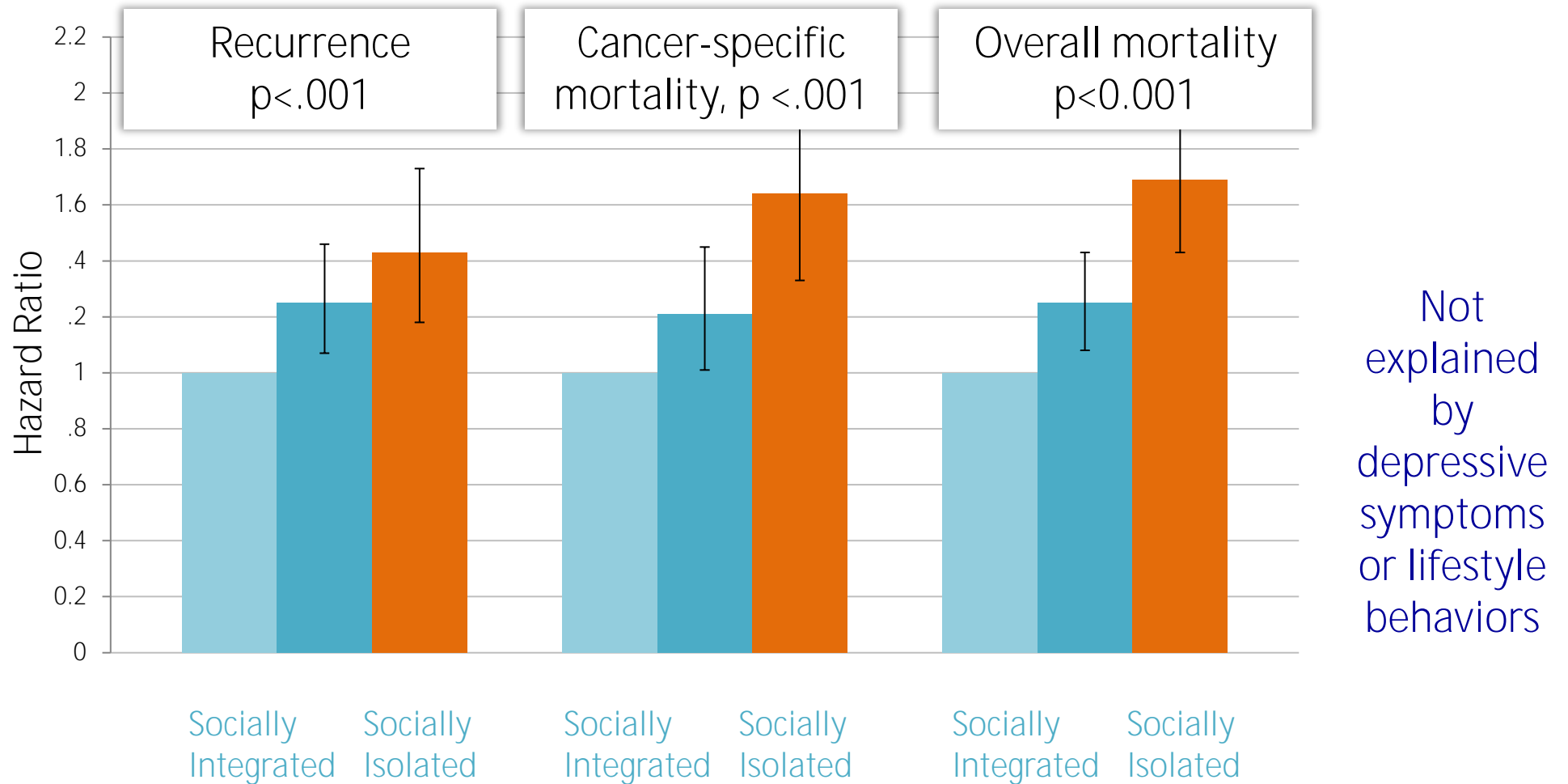


Social isolation higher breast cancer mortality, Nurses' Health Study, N=2,835

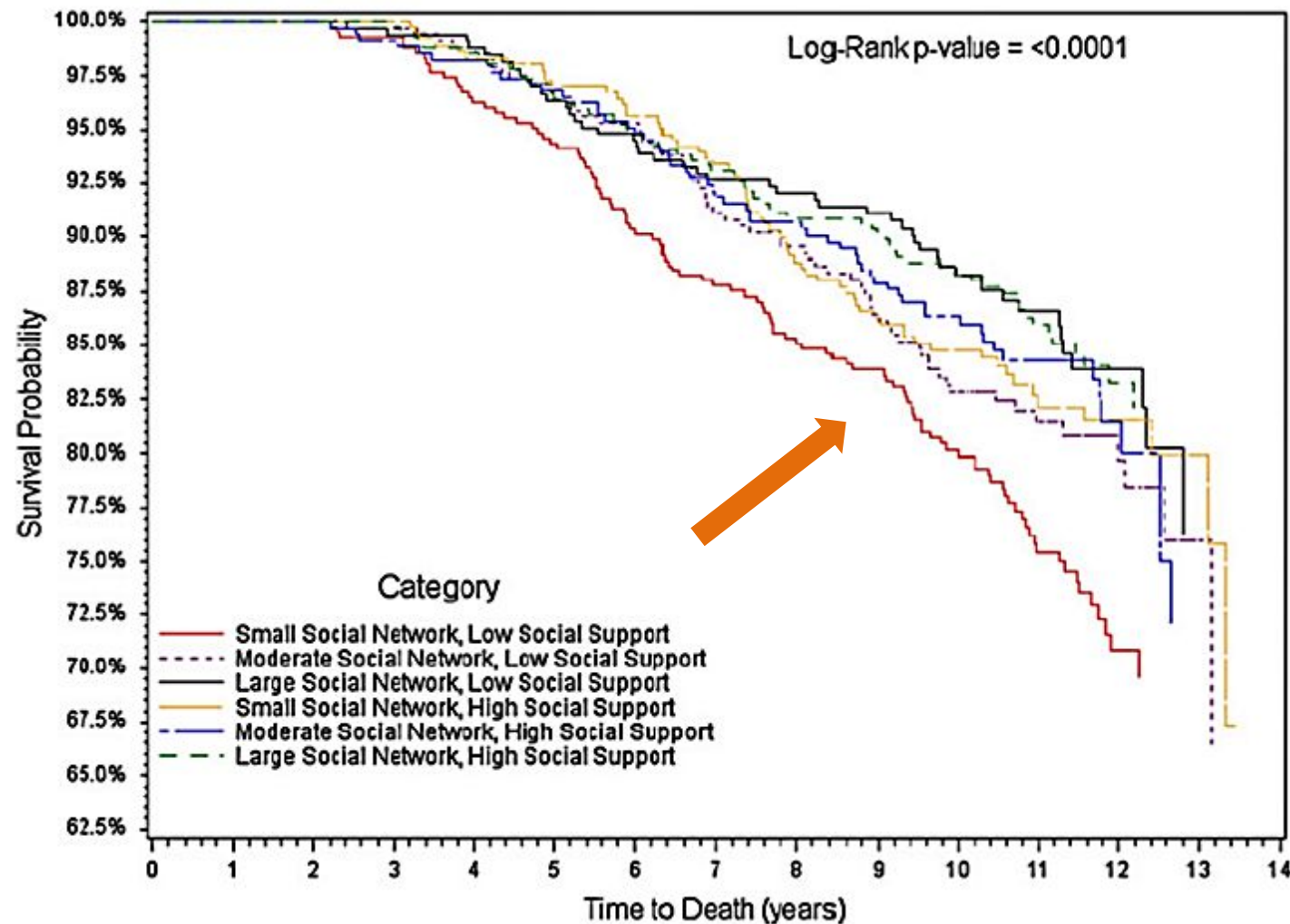
	Category of Social Networks				
	Integrated	2	3	Isolated	p*
N	1315	496	826	198	
All-cause	106	28	66	24	
Hazard Ratio (HR)	1.00	0.73	0.93	1.66 **	0.40
Breast cancer	46	15	33	13	
HR	1.00	0.91	1.24	2.14 **	0.06
Other causes	60	13	33	11	
HR	1.00	0.58	0.70	1.25	0.42

*p-trend, **p<0.05

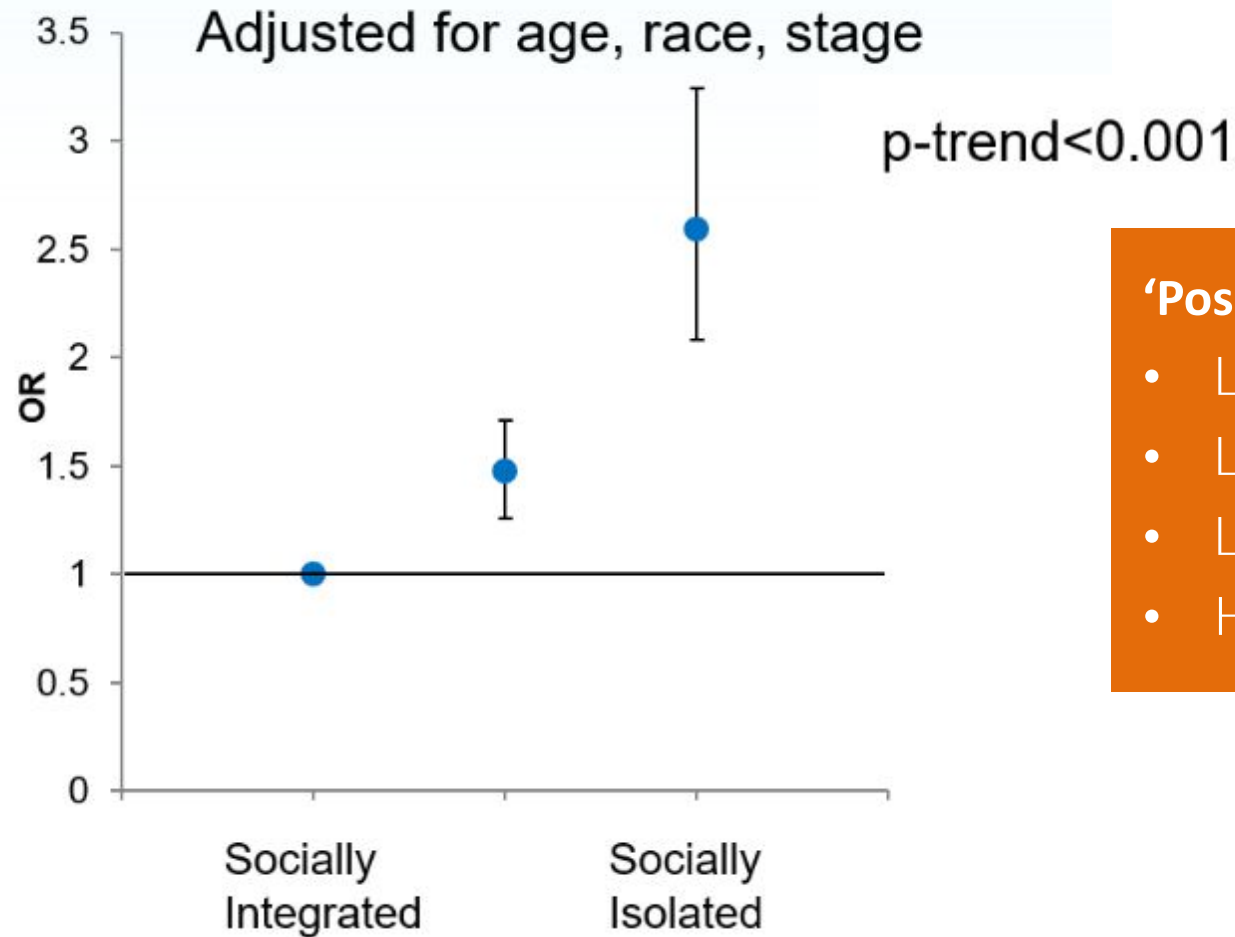
Socially isolated (small networks) had worse outcomes, After Breast Cancer Pooling Project cohort, N=9,267



Small, unsupportive networks related to poorer survival, LACE, N=2,264



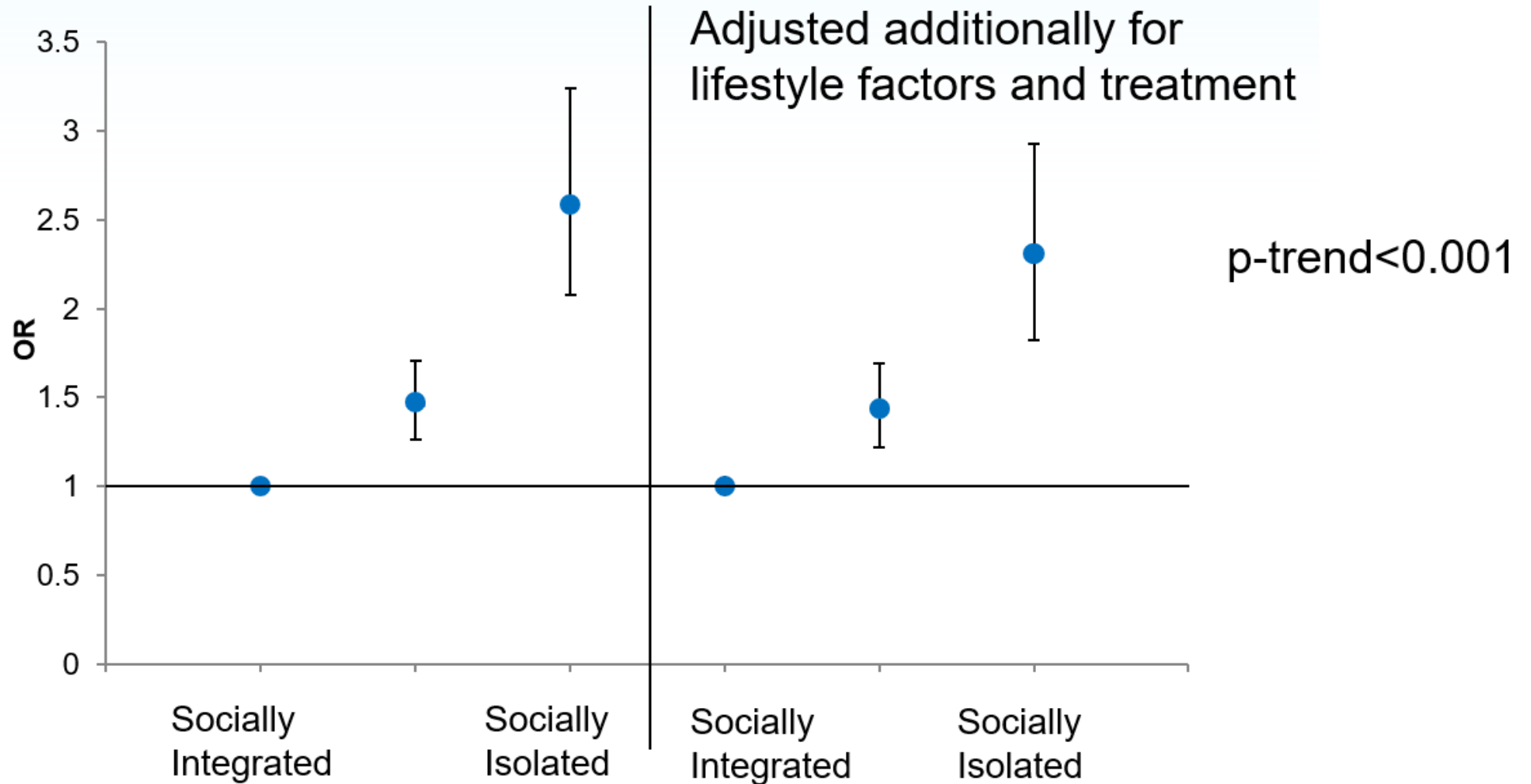
Socially isolated women have poorer quality of life, Pathways



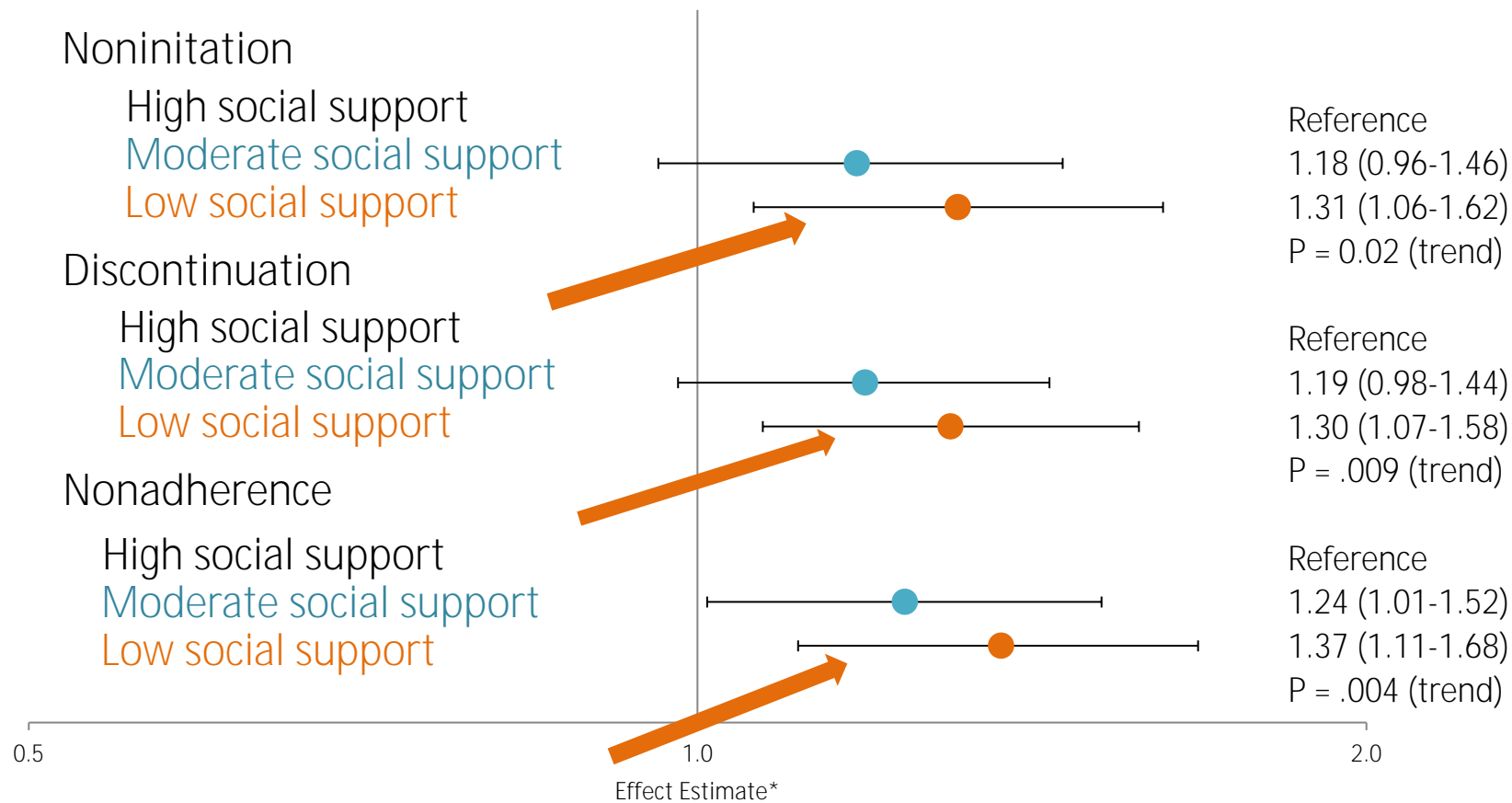
'Positive interaction' predicted:

- Less nausea ($p<0.01$)
- Lower levels of pain ($p<0.01$)
- Less need for bed rest ($p<0.01$)
- Higher levels of energy ($p<0.01$)

Lifestyle and treatment factors don't explain the association

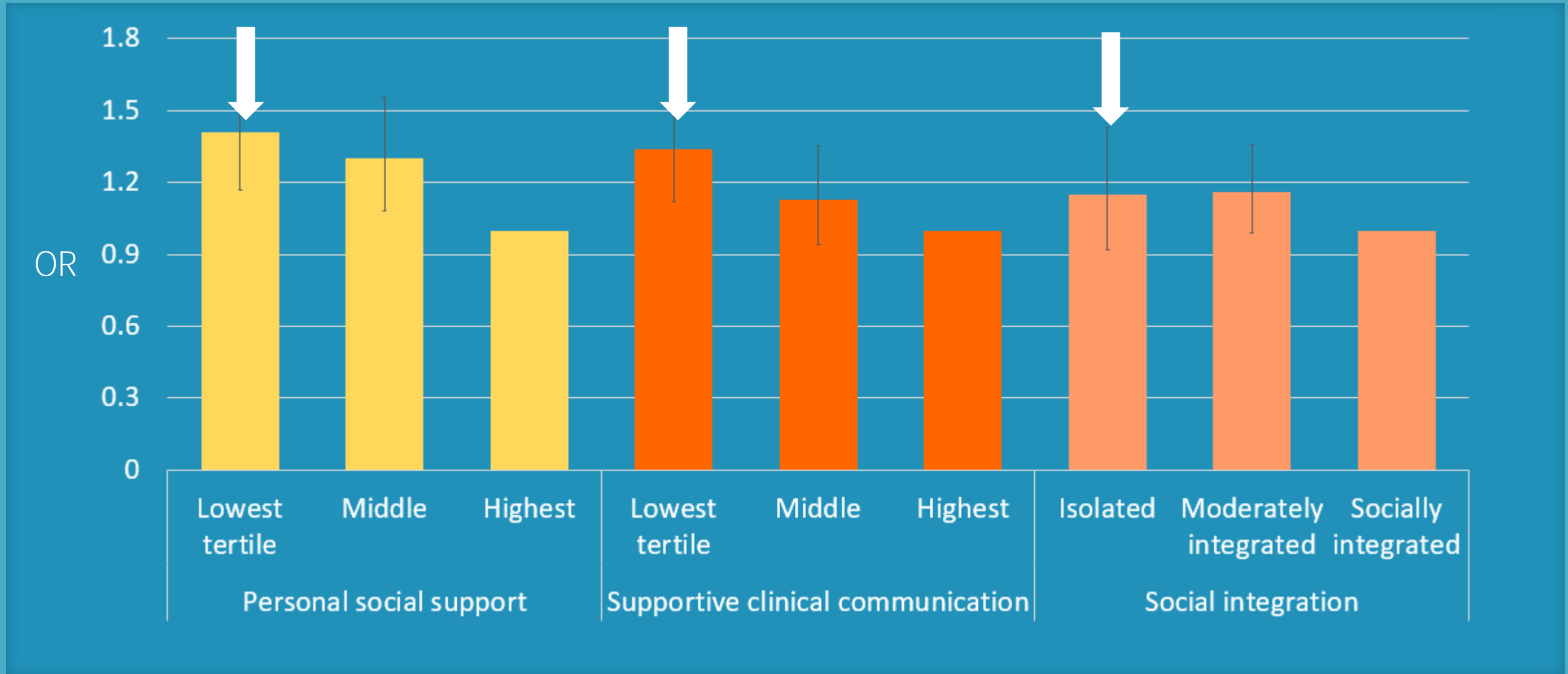


Low social support predicted lower adherence to adjuvant endocrine therapy, Pathways



* The effect estimates are odds ratios (noninitiation) and hazard ratios (discontinuation and nonadherence); the horizontal axis is presented on a log scale.

Low social support resources predict higher odds of surgery delays > 30 days, Pathways



Overview



Concepts

Population studies

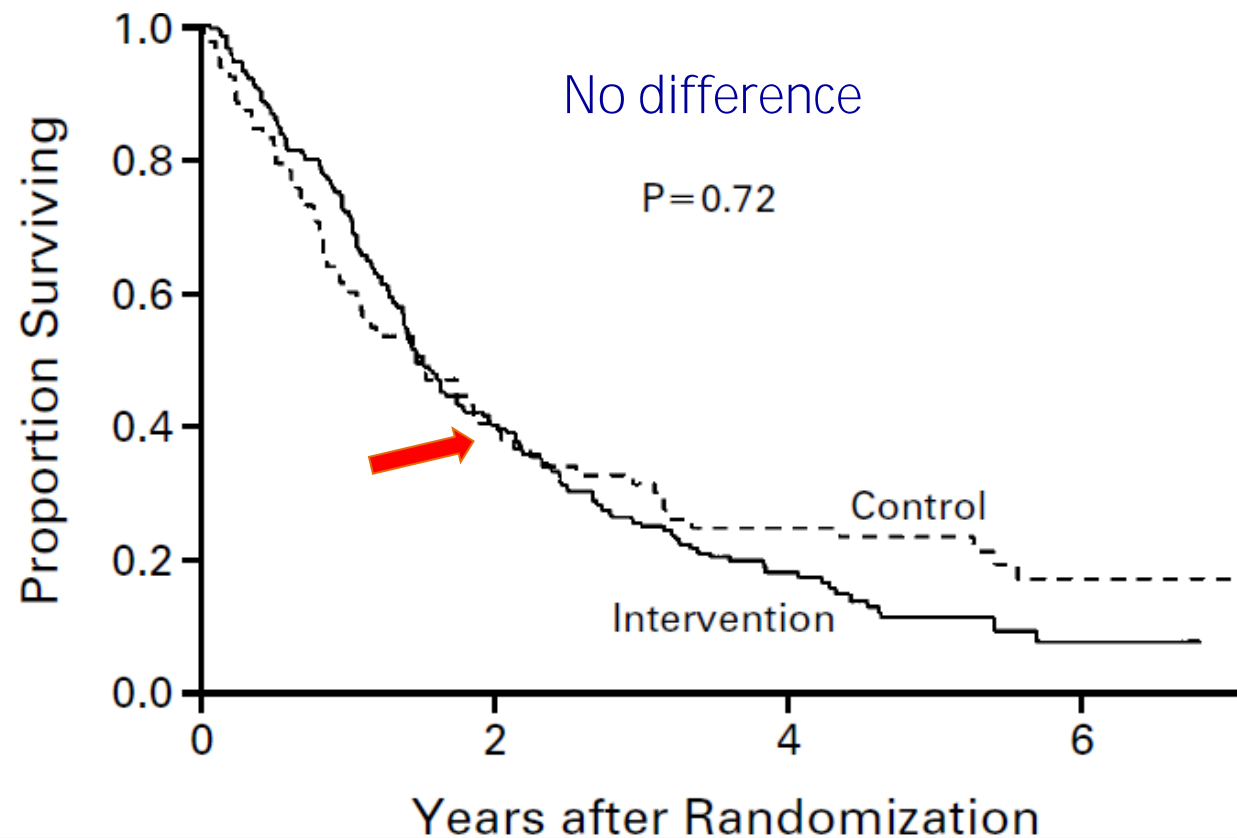
Implications

Implications of the research



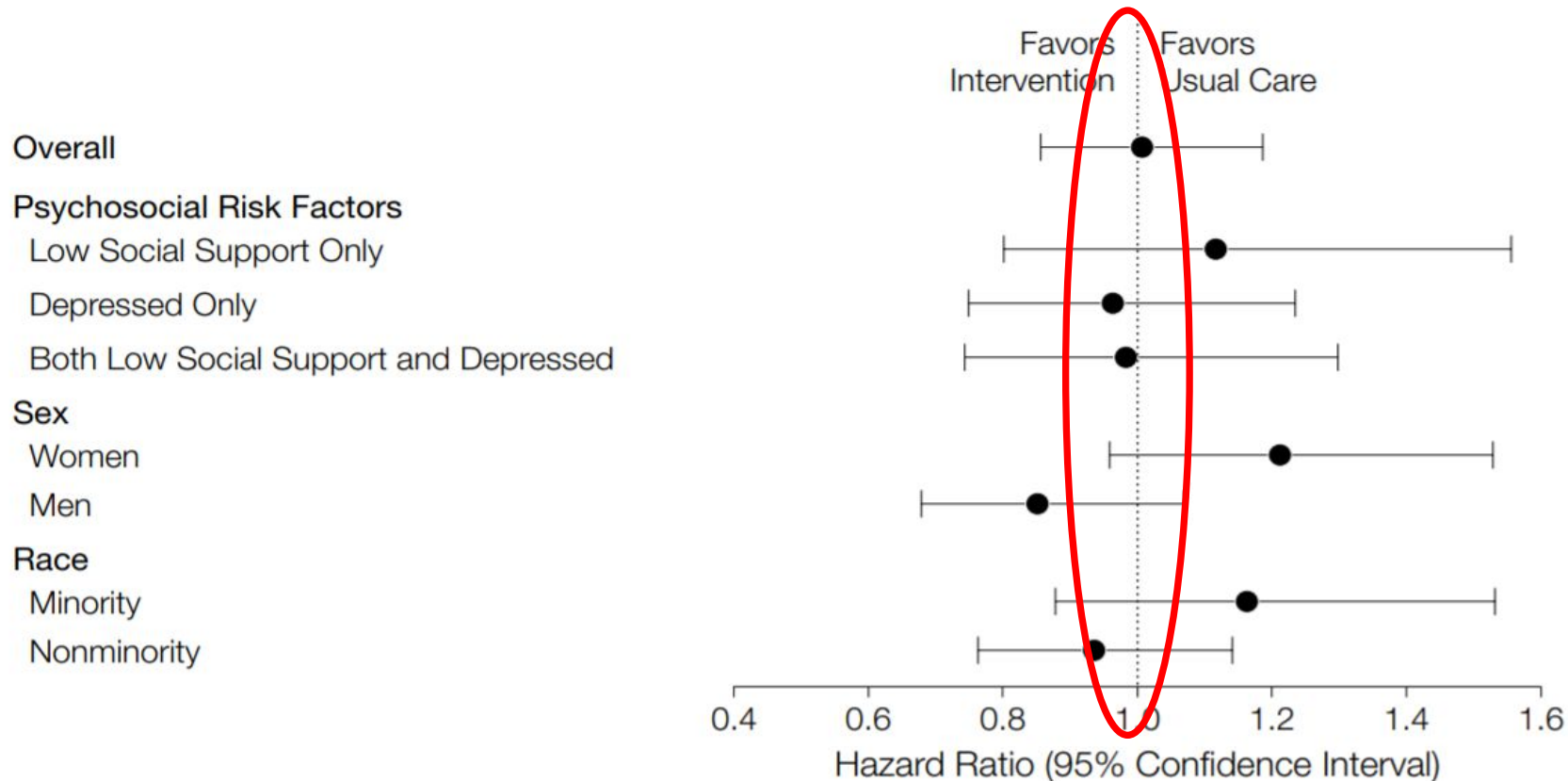
Survival in metastatic breast cancer patients unaffected by social support groups

Kaplan–Meier Survival Curves for Women Assigned to the Intervention Group and the Control Group



Social support RCT also failed to improve CVD outcomes

Effect of Enhancing Recovery in Coronary Heart Disease Patients (ENRICH) Intervention on Risk of Death or Nonfatal Myocardial Infarction



Emotional social support interventions only one means of providing support

May improve quality of life (QoL) in some patients (reduce in others)

Interventions haven't improved:

- breast cancer survival

- cardiovascular disease outcomes

- smoking quit rates

Social support matters but that knowledge does not point the way to best solutions

What compromises social support

“Deterioration”

- Childhood trauma
- Chronic (financial) stress
- Discrimination

Inhibition

- Social isolation/Loneliness
- Lack of support systems
- Poor quality relationships
- Stigmatization

Hypothesis: Systems can augment social support

Understanding community factors that contribute to feelings of social support could inform policies to improve social support

In health systems, collecting information on social support in may lead to higher support in patient populations

ENCLAVE

(ENCLAVE), NCI grant, PI: Kroenke



Understand the role of social networks in associations between immigrant status, lifestyle, and breast cancer outcomes in pooled study (*Pathways Study*, LACE, CHI)

- 1) Develop data on sociocultural institutions
- 2) Examine associations of immigrant status and lifestyle, examining mediation by social networks
- 3) Evaluate associations between immigrant status and BC outcomes evaluating mediation by social networks, lifestyle

Electronic Health Record Social support Patient Risk Tool (EHR-SUPPORT), NCI grant, PI: Kroenke

Develop tool to ID patients at risk of low social support

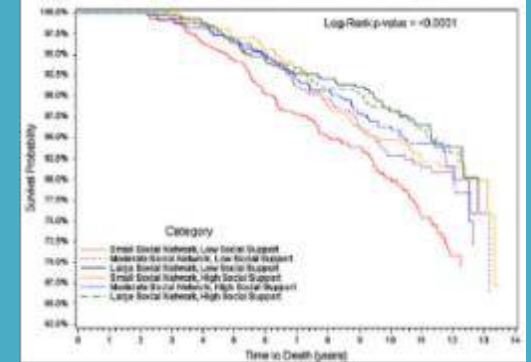


- 1) Assemble data from the EHR on social support
- 2) Develop EHR-SUPPORT score from EHR data and validate against social support measures (*Pathways Study*)
- 3) Evaluate associations between EHR-SUPPORT, treatment, and mortality, overall and by race/ethnicity

Exploratory aim: Implementation workflow and IT requirements

In summary

- Supportive social networks matter for breast cancer survival, QoL, optimal treatment
- Opportunities as individual to improve support
- Research into how systems can increase social support in populations needed
- Participation in Pathways informs this work



Thank you!
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