New results from a large retrospective study of the National Cancer Institute’s SEER database, published in the *Journal of Clinical Oncology*, show that patients with cancer who were married at the time of diagnosis live markedly longer compared to unmarried patients. Researchers also found that married patients are more likely to be diagnosed with earlier-stage disease and much more likely to receive the appropriate therapy. This study is the first to show a consistent and significant benefit of marriage on survival among each of the ten leading causes of cancer-related death in the United States: lung, colorectal, breast, pancreatic, prostate, liver/bile duct, non-Hodgkin lymphoma, head and neck, ovarian, and esophageal cancer.

It has been established previously that social support, including assistance with decision-making, instruction regarding coping strategies, and management of depression and anxiety, extends survival after a diagnosis of cancer.

“Marriage probably improves outcomes among patients with cancer through increased social support,” said lead study author Ayal Aizer, MD, MHS, a chief resident in radiation oncology at Harvard Medical School in Boston, MA. “Our results suggest that patients who are not married should reach out to friends, cancer support or faith-based groups, and their doctors to obtain adequate social support.”

For patients who are married, spouses are typically their primary sources of social support—sharing the emotional toll of the illness, accompanying them to doctors’ visits, and ensuring they follow through with recommended treatments. It had been suggested that marriage might improve outcomes for patients with cancer, but prior studies on the effect of marital status have not been conclusive.

The study assessed clinical and demographic data from the SEER registry on 734,889 patients...
diagnosed between 2004 and 2008. For each form of cancer, researchers assessed the association between marital status and stage at diagnosis, receipt of appropriate therapy, and cancer-specific survival. The analysis showed that, overall, patients who were married were 17 percent less likely to have metastatic disease when first diagnosed with cancer compared to patients who were not married. Married patients with non-metastatic disease were 53 percent more likely to receive therapy indicated for their disease compared to unmarried patients. And finally, at any given time, a patient who was married was 20 percent more likely to be alive than a patient who was not married. Given that the median overall survival for both married and unmarried patients in this study has not been reached (fewer than 50 percent of patients in either group have died), longer follow-up is needed to determine how much longer, on average, married patients live. Even after controlling for cancer stage at diagnosis, married patients were on average more likely to live longer.

To ensure that the observed benefits were due to marriage and not some other factor associated with marriage, such as household income, researchers accounted for differences in baseline characteristics between married vs. unmarried patients. Data were also adjusted for other demographic factors, such as age, gender, education level, and residence type (urban vs. rural).

For patients with prostate, breast, colorectal, esophageal, and head and neck cancers, marriage was associated with a survival increase that was larger than that of standard chemotherapy regimens for those diseases (based on published clinical trial/meta-analysis results).

“This finding suggests that there may be ways to improve cancer outcomes in addition to anti-cancer therapy. Improving social support for our patients may be equally important as providing effective therapy, and it is less costly to develop and implement,” said senior study author Paul Nguyen, MD, an assistant professor of radiation oncology at the Dana-Farber/Brigham and Women’s Cancer Center in Boston, MA, adding that individual doctors, hospitals, health insurance companies, and other healthcare entities need to be focusing more on providing support for unmarried patients and making sure their needs are met.

“As doctors, we should assess what level of social support our unmarried patients have? who’s helping them shoulder the burden of this diagnosis, who’s going to take them to doctors’ appointments, and make sure they’re coping with the mental, emotional and physical stresses of cancer. If they don’t have enough support, we need to engage the help of family, friends, social workers, mental health professionals, faith-based organization, and cancer support groups to get patients the support that they need,” said Dr. Aizer.

While the findings of this study are compelling, the researchers emphasized a prospective, randomized clinical trial is needed to confirm these results. More research is required to explore
the types of social support services and interventions that would be most helpful for unmarried patients with cancer.

**ASCO Perspective**

Gregory Masters, MD, ASCO Cancer Communications Committee Chair-Elect and patient care expert

“We have made substantial scientific progress in cancer treatment, but these gains need to be framed around the whole patient, their access to care and support systems. This study shows that spousal support is critically important in improving outcomes for patients with cancer. But for unmarried patients, the entire caregiver team – nurses, social workers, psychologists – needs to provide and help identify additional sources of social support.”

**About ASCO:**

Founded in 1964, the American Society of Clinical Oncology (ASCO) is the world’s leading professional organization representing physicians who care for people with cancer. With more than 35,000 members, ASCO is committed to improving cancer care through scientific meetings, educational programs and peer-reviewed journals. ASCO is supported by its affiliate organization, the Conquer Cancer Foundation, which funds groundbreaking research and programs that make a tangible difference in the lives of people with cancer. For ASCO information and resources, visit asco.org. Patient-oriented cancer information is available at Cancer.Net.