

Investigating risk of suicide in patients with cancer using routine data in the South Asian region

Webinar 22 May 2024

Dr Neethu Mohan, State Health Agency, India

Dr Alexandra Pitman, University College London (UCL)



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Global Engagement

Co-hosts

- The GRID Council, India
- UCL Division of Psychiatry, UK
- UCL Institute of Mental Health, UK



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Introduction

Dr Neethu Mohan, State Health Agency, India

GRID Council



Recording

- This webinar is being recorded. If you would prefer not to be part of the recording, please log out and get in touch by email:
- Dr Neethu Mohan, State Health Agency, Kerala, India:
globalengagement2024@gmail.com
- we will then send you the recording.

Welcome to all participants

- Afghanistan
- Bangladesh
- Bhutan
- India
- Maldives
- Nepal
- Pakistan
- Sri Lanka



Agenda

- **Introduction** (18:30 – 18:40 IST, Dr Neethu Mohan)
 - Welcoming participants
 - outlining aims and the resources we plan to provide
- **Research findings to date** (18:41 – 18:50 IST, Dr Alexandra Pitman)
 - Summary of the Heinrich et al 2022 systematic review
- **Discussion** (18:51 – 19:00 IST, Dr Neethu Mohan)
 - Identifying participants' views on key research questions
- **Analysis plan** (19:01 – 19:10 IST, Dr Katherine Thackray, *née* Henson)
 - Summary of models used in the analysis of suicide risk in Henson et al 2019
- **Stata/R/Python code** (19:11 – 19:25, Dr Justin Yang)
 - Summary of code used in the analysis of suicide risk in Henson et al 2019
- **Break (19:26:19:35)**
- **Discussion** (19:36 – 19:50 IST, Dr Neethu Mohan)
 - practical issues in linking cancer registries to mortality data due to regional differences
- **Break out groups by region** (19:51 – 20: 05 IST)
 - Individual groups to discuss potential studies and collaborations
- **Feedback from groups** (20:06 -20:20 IST, Dr Mareike Ernst)
- **Final round-up** (20:21 – 20:30, Dr Neethu Mohan)

Housekeeping

- This webinar is being recorded and will be shared on the UCL Institute of Mental Health and GRID Council websites
- Kindly keep your microphones muted except during the discussion sessions
- Feel free to have your camera on or off
- Feel free to use the chat box to introduce yourselves
- Use the Chat feature to post any questions you have! We will copy and save this

Meet our speakers



Dr Alexandra Pitman, UCL



Dr Justin Yang, UCL



Dr Katherine Thackray (née Henson), NHS England



Dr Mareike Ernst, Klagenfurt University, Austria



Dr Neethu Mohan, State Health Agency

Aims

- To promote the analysis of cancer registry data linked to mortality data locally to answer key research questions in suicide research
- To fill the evidence gaps identified in the systematic review by Heinrich et al 2022 relating to suicide risk in patients with cancer
- To build international collaborations and cross-cultural comparisons of findings
- To create an informal community of collaborators in cancer/suicide epidemiology across South Asia
- To identify patient groups requiring additional support & contribute to reducing psychiatric morbidity among patients with cancer



CPD & networking resources

- invitation to join a Slack channel for researchers
- participant list with contact email addresses (with permission)
- certificates of participation
- Qualtrics survey regarding needs for further resources
https://qualtrics.ucl.ac.uk/jfe/form/SV_2rY5sEmIleiPsyO
- website: <https://www.ucl.ac.uk/mental-health/research/special-interest-groups/self-harm-and-suicide/investigating-risk-suicide-patients-cancer>

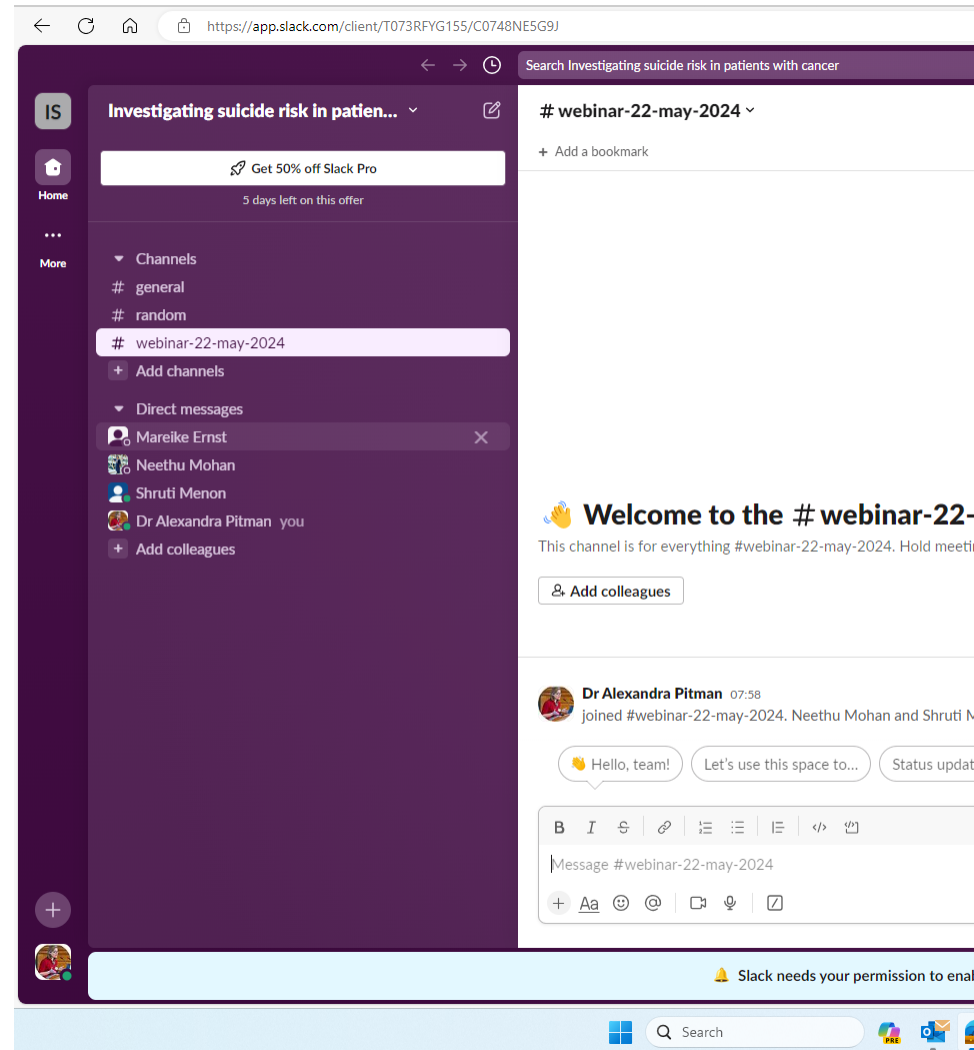
Website resources

<https://www.ucl.ac.uk/mental-health/research/special-interest-groups/self-harm-and-suicide/investigating-risk-suicide-patients-cancer>

- Henson et al (2019) *JAMA Psych* Open Access article
- summary of models used in Henson et al (2019)
- Stata code / R code / Python code
- Link to Heinrich et al (2022) systematic review
- list of 321 cancer registries in South Asian countries
- recording of webinar
- blog by Shruti Menon for UCL Institute of Mental Health

Slack

- Cloud-based team communication platform for communicating about research projects
- Free package for use by collaborators on this project
- different channels for specific chats
- To join click on this link (expires in 28 days):
https://join.slack.com/t/investigating-0j39451/shared_invite/zt-2jaurdlf-52hF8jgvydtdTnRnZAEilg



The screenshot displays a Slack workspace interface. The top navigation bar shows the workspace name "Investigating suicide risk in patien..." and a search bar. A sidebar on the left lists channels: # general, # random, and # webinar-22-may-2024. The main content area shows the # webinar-22-may-2024 channel with a welcome message from Dr Alexandra Pitman and a message input field. The bottom of the screen shows the Windows taskbar with the search bar and system tray icons.

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Research findings to date: SR by Heinrich et al 2022

Dr Alexandra Pitman, University College London (UCL)



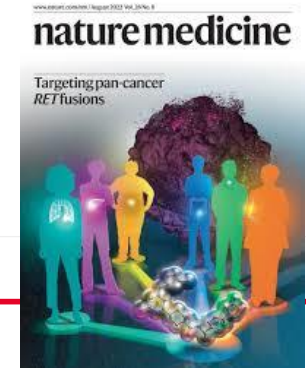
Systematic review published 2022

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Analysis | Published: 28 March 2022

Suicide risk and mortality among patients with cancer

[Michael Heinrich](#), [Luisa Hofmann](#), [Hansjörg Baurecht](#), [Peter M. Kreuzer](#), [Helge Knüttel](#), [Michael F. Leitzmann](#) & [Corinna Seliger](#)

Nature Medicine **28**, 852–859 (2022) | [Cite this article](#)

4724 Accesses | 49 Citations | 201 Altmetric | [Metrics](#)

An [Author Correction](#) to this article was published on 20 March 2023

This article has been [updated](#)

Abstract

Despite substantial progress in cancer therapy in recent decades, patients with cancer remain at high suicide risk. Data from individual studies have not been comprehensively quantified and specific risk factors are ill-defined. We assessed suicide mortality risk according to cancer prognosis, stage, time since diagnosis, gender, ethnicity, marital status, year of recruitment and geographic region. We searched EMBASE, MEDLINE, PsycINFO, Web of Science, CINAHL and Google Scholar for relevant articles up to February 2021. We used a random effects model, performed meta-regression meta-analysis and assessed heterogeneity and publication bias using I^2 , funnel plots and Egger's and Begg's tests. We performed a systematic review including 62 studies and 47,035,065 patients. To avoid patient sample

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[Cumulative burden of psychiatric disorders and self-harm across 26 adult cancers](#)

Wai Hoong Chang & Alvina G. Lai
[Nature Medicine](#) | [Analysis](#) | [Open Access](#) | 28 Mar 2022

[Shining a light on the psychological burden of cancer](#)

Cristiane Decat Bergerot & Sumanta K. Pal
[Nature Medicine](#) | [News & Views](#) | 28 Mar 2022

Sections

Figures

References

Methods

- compared patients with cancer to the general population
- included patients aged 18 to 99 years
- evaluated whether suicide rates among patients with cancer differed by:
 - gender
 - geographic region
 - ethnicity
 - marital status
 - cancer site
 - cancer prognosis
 - cancer stage
 - year of recruitment (pre/post 2000, when treatments improved)

Identified 62 studies

- studies investigating risk of suicide in patients with cancer
- searched EMBASE, MEDLINE, PsycINFO, Web of Science, CINAHL & Google Scholar
- published until February 2021
- SR of n=62 studies → 47,035,065 patients
- MA of n=28 studies → 22,407,690 patients

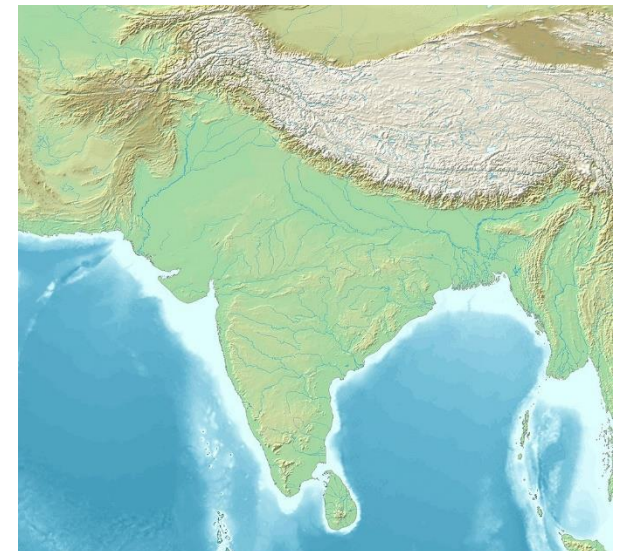
Geographical coverage

Covered

- Europe
- Australia
- USA
- Japan
- South Korea
- Taiwan

Evidence gaps

- South Asia
- South American
- Middle East
- African region



Key findings

- suicide mortality significantly higher in patients with cancer than for general population
- Standardized mortality ratio (SMR) = 1.85, 95% confidence interval = 1.55–2.20)
- risk was strongly related to cancer prognosis, cancer stage, time since diagnosis & geographic region

Suicide rate higher in specific groups

- Suicide mortality among patients with cancer was higher in:
 - **late stage / advanced cancers** (but high heterogeneity between studies) *versus* early-stage cancers (but high heterogeneity between studies)
 - **Poor prognosis** *versus* good prognosis cancers
 - **first year of cancer diagnosis** *versus* ≥ 1 year after diagnosis (but high heterogeneity between studies)
 - the **USA** *versus* Europe, Asia or Australia
- No differences based on:
 - marriage
 - gender
 - year of recruitment (pre *versus* post-2000)
 - ethnicity

Clinical implications

- Patients with cancer should be closely monitored for suicidality
- Some may need specialised care to reduce short- and long-term risks of suicide
- Clinical groups of concern:
 - **late stage / advanced cancers**
 - **poor prognosis**
 - **first year of diagnosis**

Limitations of the SR

- unable to estimate effects of age due to large overlap of age categories between studies
- no follow-up of those with paediatric cancers
- unable to take into account the influence of the following on suicide risk due to lack of data within included studies:
 - pre-cancer diagnosis psychopathology
 - psychopharmacological interventions
 - psychotherapeutic interventions
 - any aspects of cancer treatment
- these are all important factors to investigate further

DISCUSSION POINTS

- Identifying participants' views on key research questions
 - eg timing of suicide risk (at key points in treatment)
 - eg methods used (where data available)



Qualtrics survey

- feedback on the webinar
- identifying needs for further resources

– https://qualtrics.ucl.ac.uk/jfe/form/SV_2rY5sEmlleiPsyO

