Supportive expressive group therapy did not prolong survival in metastatic breast cancer


QUESTION: In women with metastatic breast cancer, does supportive expressive group therapy (SEGT) prolong survival, improve mood, and reduce pain?

Design
Randomised [allocation concealed]*, blinded (assessors of psychosocial outcomes), controlled trial with 12 months of follow up.

Setting
7 cancer centres in Canada.

Patients
235 women (mean age 50 y) who had histological confirmation of breast cancer and had metastases outside of the breast and ipsilateral axilla. Exclusion criteria were central nervous system metastases; active psychosis, untreated major depression, or severe character disorder; planned participation in a therapist led support group for metastatic breast cancer outside of the study centre; residence > 1 hour travel from the study centre; life expectancy < 3 months; or inability to speak and read English. Follow up was complete for survival; follow up for psychosocial outcomes was 65% to 71%.

Intervention
Women were allocated to SEGT (n=158) or a control group (n=77). SEGT consisted of weekly 90 minute meetings led by psychiatrists, psychologists, social workers, or nurse clinicians experienced in group therapy. Each group consisted of 8–12 women and 2 leaders. Women were supported and encouraged to speak about cancer and its effects on their lives (self image, roles, and relationships with family members, friends, coworkers, healthcare providers, and others), to interact with one another, and to support each other outside the group sessions. Women were asked to attend group sessions for ≥1 year. Family and friends could attend a monthly 90 minute session. Control group women did not receive any psychological therapy. Educational material about breast cancer and its management, relaxation, and nutrition was provided to women in both groups every 4–6 months.

Main outcome measures
Survival. Secondary outcomes were changes in mood and pain.

Main results
Analysis was by intention to treat. Women who received SEGT did not differ from control group women for survival (median 17.9 v 17.6 mo, p=0.72). The hazard ratio for death was 1.23 (95% CI 0.88 to 1.72) after adjusting for presence or absence of progesterone or oestrogen receptors, time from first metastasis to randomisation, age at diagnosis, nodal stage at diagnosis, use or non-use of adjuvant chemotherapy, study centre, marital status, and baseline total mood disturbance score. The study had 85% power to identify a 15% difference between groups in survival. During the 12 months after randomisation, women in the SEGT group had greater improvement in mood (p≤0.02) and less pain (p=0.04) than women in the control group, but these outcomes had < 80% follow up.

Conclusion
In women with metastatic breast cancer, supportive expressive group therapy did not prolong survival.

*Information provided by author.
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