



27 - FROM SOCIAL SUPPORT TO SURVIVAL: MARITAL STATUS AS A DETERMINANT IN HEAD AND NECK CANCER

A.M. Martins, R.J. Teixeira, B.P. Sorroche, R.S. Carvalho, A.C. Carvalho, A.L. Carvalho, D.I. Conway, L.B. Arantes, C.R. Andrade

HMRIB; BCH Brazil; UofG UK; UNESP.

Resumen

Background/Objectives: Head and neck squamous cell carcinoma (HNSCC) refers to malignancies arising in the oral cavity, pharynx, and larynx. Tobacco and alcohol have long been recognized as significant risk factors. However, recent research has identified novel demographic determinants that have gained prominence, including age, economic status and education. Among these factors, marital status has emerged as an independent prognostic factor. Social support, which is frequently embedded within marital relationships, has been associated with enhanced cancer outcomes. This study investigated the association between marital status -used as a proxy for spousal support- and overall survival (OS) in HNSCC patients.

Methods: A retrospective cohort of 400 HNSCC patients treated between 2012 and 2015 at Barretos Cancer Hospital was analyzed. Marital status was categorized into four groups and dichotomized as supported (married/common-law) or unsupported (single, separated/divorced, widowed). Survival analyses were conducted using the Kaplan-Meier method and log-rank tests.

Results: Marital status significantly influenced survival ($p = 0.023$). Married/common-law patients had the highest 5-year OS (50.9%), followed by divorced/separated (44.4%), single (37.1%), and widowed individuals (29.4%). Median survival times were 52.0 months for divorced/separated, 32.0 for single, and 22.6 for widowed; the median for married/common-law patients was not reached. When grouped by spousal support, supported patients showed better 5-year OS than unsupported ones (50.9 vs. 38.6%; $p = 0.015$). Subgroup analyses revealed that the benefit of spousal support was particularly evident among older adults (> 58 years: 48.1 vs. 30.4%; $p = 0.015$), males (49.8 vs. 35.4%; $p = 0.006$), patients with advanced-stage disease (48.0 vs. 31.6%; $p = 0.002$), and those with low educational attainment, especially individuals without formal education (44.4 vs. 13.4%; $p = 0.020$).

Conclusions/Recommendations: Spousal support was associated with improved survival outcomes in HNSCC patients. These findings suggest that social support, often embedded within marital relationships, may play a crucial role in shaping prognosis and promoting treatment adherence, especially among socially or educationally vulnerable populations. Future research should focus on identifying and implementing targeted interventions to provide enhanced social and economic support for patients with lack of support throughout their cancer care journeys.

Funding: FAPESP 2022/08374-6 and 2021/04100-6.