

**CANCER THERAPY AND ONCOLOGY**

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**QUALITY OF LIFE, MOOD, SOCIAL SUPPORT, AND SPIRITUALITY  
AMONG BREAST CANCER SURVIVORS FROM DIFFERENT ETHNIC  
GROUPS****Ellen G Levine and Grace J Yoo**

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**W**hile there is a large body of literature on psychological aspects of breast cancer few studies have been focused on differences between ethnic groups.

**Method:** A sample of 178 breast cancer survivors (45 African Americans, 52 Asian/Pacific Islanders, 54 Caucasian, and 25 Latinas) who were on average 2 years post-treatment were interviewed and given surveys to complete every six months for two years.

**Results:** Latinas had significantly lower appraisal support and depression than Caucasians. More African Americans and Latinas engaged in spiritual activities such as prayer. African Americans had more spiritual support than Caucasians or Latinas. Overall QOL at 4 years was predicted by previous physical and functional well-being, breast cancer-specific items, vigor, and current levels of social support. Physical QOL was predicted by previous levels of physical and functional well-being and current levels of functional and social/family well-being. Functional well-being was predicted by prior levels of physical, functional, social/family well-being, and current levels of physical well-being and vigor. Emotional well-being was predicted by previous levels of emotional well-being and current physical well-being, breast cancer-specific items, and anxiety. Social/family well-being was predicted by previous levels of social/family well-being, social support, and confusion. The breast cancer-specific items were predicted by age, previous levels of breast cancer-specific items, confusion, current levels of emotional and functional well-being, and spirituality.

**Conclusions:** Two years after the end of treatment difference were seen between ethnic groups on depression, appraisal, and spiritual support. Therefore, spirituality and spiritual support as well as social support be assessed at the beginning of cancer treatment. Quality of life should also be assessed over time, even after treatment.

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