Introduction

It is estimated that approximately 5-10% of the cases of cancer are of hereditary origin (1; 10). Predictive or susceptibility tests are currently available for key genes associated with hereditary cancer, which allows the identification of cancer risk and appropriate management. Previous research found that there is a direct relationship between the level of distress felt by women performing genetic testing and that of their partners (e.g., 8; 12). Social support may also be involved in the adaptation process. Several studies show that perceived social support, especially from the partner, is a strong predictor of less general distress of the applicant (4; 11; 14). Thus, the partner’s ability to provide necessary support to the applicant is challenged by their simultaneous need to manage any personal problems arising from the risk of cancer. Therefore, it is important to consider factors that may limit the capacity of partners to provide support (7; 12). For instance, partners who felt more comfortable sharing concerns with the applicant before the test suffered less distress when the results were released (7; 8). Also, families characterized by a very flexible family structure or with extremely close relationships were less prepared to deal with the stress of genetic testing (15).

Aim

This study aims to explore the role of psychological and relational variables that relate to the distress of the romantic partner of applicants undergoing genetic testing for cancer susceptibility. Specifically, we aim to:
1. Assess if there is a relationship between level of distress of the applicant and his/her romantic partner;
2. Assess the relationship between the distress of the romantic partner and their perception of social support;
3. Evaluate the relationship between the distress of the romantic partner and the emotional suppression in the applicant;
4. Evaluate the relationship between the distress of the romantic partner and the perception of family cohesion in the applicant.

Methodology

Participants

Sequential sample. Participants older than 18 years underwent a genetic test for hereditary breast and ovarian cancer, or for FAP LS and HDGC. They had a family history of genetic mutation identified, regardless of whether they were diagnosed with cancer. Were excluded all individuals who underwent genetic testing for other mutations than those covered by the study; who were illiterate or with difficulties in understanding the purpose of the study; and who were psychologically fragile. Participated 64 subjects (32 applicants and 32 partners). Of these, 19 applicants underwent genetic testing for hereditary breast and ovarian cancer and 13 underwent genetic testing for FAP LS and HDGC. Applicants were on average 39 years old, mostly female with an average schooling of 13 years. The partners were on average 41 years old, mostly male with an average schooling of 12 years and most had no family history of cancer.

Results

Multiple linear regression - Forward method

Of four variables under analysis, in only two the existence of statistical significance was verified. With this method, the total number of variables was restricted to two models: 1 - only the variable of family cohesion; 2 - with the variables of family cohesion and distress in the candidate.

In model 1, its explanatory power was approximately 13%. Model 2 explained approximately 24% of the variance in the distress of the romantic partner. In sum, in model 2, the distress and perceived family cohesion in the candidate togetherness significantly explain the variance of the distress in the romantic partner (F(2,29) = 4.650, p<.05, R² = .243, R(adjusted) = .191). The greater the distress of the applicant (β = .34, t(29) = 2.10, p = .104) and the perceived family cohesion by the applicant (β = .356, t(29) = 2.21, p = .036), the higher the level of distress in the romantic partner.

Conclusions

The more the applicant feels about the test and the more cohesive he/she perceives the family, the more the romantic partner also feels distress.

It was expected to find a relationship between the distress in the partner and their perception of social support, but we could not confirm this hypothesis in our sample.

A relationship was expected between the distress of the partner and the emotional suppression in the applicant. However, no statistically significant effect was found between the two variables.

Further research is required to identify the processes by which applicants and their partners influence each other adjustment to genetic cancer risk.

References