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# SUICIDE IN ADVANCED-STAGE CANCER PATIENTS FROM THE PERSPECTIVE OF THE INTERPERSONAL THEORY OF SUICIDE

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**BACKGROUND AND AIM**: Cancer and suicide are major public-health concerns, with suicide risk among cancer patients at least 1,5 times higher than in the general population. The Interpersonal Psychological Theory of Suicide (IPTS) suggests that thwarted belongingness, perceived burdensomeness, and acquired capability increase suicide risk. However, studies evaluating suicidal behavior in cancer patients using the full IPTS framework are limited. This study investigated all IPTS components in advanced-stage cancer patients

**METHODS**: (Ethics Committee Approval must be obtained and the number should be specified). A total of 89 patients aged 18–65 years with advanced-stage cancer were assessed using the Sociodemographic Data Form, Beck Anxiety Inventory (BAI), Beck Depression Inventory (BDI), Interpersonal Needs Questionnaire (INQ), and Acquired Capability for Suicide–Fearlessness About Death Scale (ACSS-FAD). Data were analyzed with SPSS-25. (Ethical committee approval was obtained from the Kırıkkale University Non-Interventional Research Ethics Committee no: 2026.02.31)

**RESULTS**: There were no participants who had previously applied to psychiatry-outpatient clinic. Among the participants, 68.5% and 56.2% exceeded the BAI and the BDI cut-off value (Table2). ACSS-FAD scores were significantly higher with patients higher BAI cut-off values. (p=0,002). Correlation analyses showed moderate positive relationships between BDI and ACSS-FAD (r=0,468, p<0,001) and INQ (r=0,317, p=0,003), as well as between BAI and ACSS-FAD (r=0,358, p=0,001) and INQ (r=0,320, p=0,002). ACSS-FAD also showed low positive correlations with BAI (r=0,224, p=0,05), perceived burdensomeness (r=0,259, p=0,014), and INQ total scores (r=0,259, p=0,014),

**CONCLUSIONS**: Although none of the participants had a previous psychiatric-outpatient visit, more than 50% of them were found to have high levels of anxiety and depressive symptoms. This may indicate a low rate of psychiatric help-seeking among patients with advanced-stage cancer. Anxiety and depression correlate with perceived burdensomeness, with higher anxiety specifically associated with the acquired capability for self-harm. Consequently, integrating early psychosocial assessments and interventions into holistic palliative care is essential for mitigating suicide risk in this population.

**Keywords**: Advanced-stage cancer, interpersonal theory of suicide, thwarted belongingness, perceived burdensomeness