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FEAR OF RECURRENCE

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THE DIAGNOSIS OF CANCER

- Often unexpected - never convenient!
- Emotional distress and fear
- Stress of decision-making
- Burden of disease/treatment side-effects
- Challenge to sense of self
- Rekindling past experiences of grief and loss

COMPLETION OF TREATMENT

Often anticipated as being the time to breathe again and reclaim life

But the reality is:

- **Facing a "new normal" and adjustment in terms of goals and expectations**
- **Abrupt disconnection from the treatment team**
- **Evaporation of practical and emotional support**
- **Lack of clarity about the goals of follow-up**
- **Disconnection from those who aren't members of "the club"**
- **Tempered by social expectations and pressure to conform/"think positive"**

FEAR OF CANCER RECURRENCE

"The fear that cancer could return or progress in the same place or another part of the body" ***Vickberg 2003***

Transient FCR almost invariable, however:

- **40 to 70% of cancer survivors report *clinically significant* FCR** ***Thewes et al 2009***
- **FCR identified as one of the greatest unmet needs of cancer survivors** ***Hodgkinson et al 2007***

Patients with high FCR:

- Reported to be less satisfied with their care
- More likely to refuse discharge from a cancer centre for follow-up
- More likely to seek readmission to a specialised cancer centre

Hart et al 2008;
Glynne-Jones et al 1997

Web-based survey completed by 218 women diagnosed with early stage breast cancer at least one year earlier

- 70% reported clinically significant levels of FCR
- High FCR associated with:
  - Higher frequency of unscheduled visits to GP
  - Higher frequency of breast self-examination
  - Not having mammograms or ultrasounds or other forms of screening in the past year
  - More use CAM
  - More use of counselling and support groups

Thewes et al 2012

FCR AND HEALTH PROFESSIONALS

Survey of:

- **76 psycho-oncology health professionals**
- **47 oncologists and nurses**
  - **30% reported FCR was an issue for more than half their patients**
  - **31% of doctors reported spending more than 25% of the time in follow-up consultations discussing FCR**
  - **46% found dealing with FCR challenging**
  - **71% were interested in further training in how to manage FCR** ***PoCoG 2010***

TRADITIONAL APPROACHES TO DISTRESS

Cognitive behaviour therapy:

- Aims to:
  - Help identify unhelpful thoughts and behaviours
  - Develop skills to challenge cognitive distortions, selective abstraction etc.

- Fails to:
  - Acknowledge the clinical reality and uncertainty about prognosis
  - Help the person understand the origins of maladaptive patterns of thinking and behaving
  - Help the person respond to existential challenges

A NOVEL INTERVENTION

The novel intervention addresses core themes pertinent to the person who has experienced cancer

Aim of this intervention is not to get rid of worries about recurrence completely:

- **To help people with high FCR to assign less importance and less attention to this concern**
- **To develop goals for the future which will give their life purpose, meaning and direction**

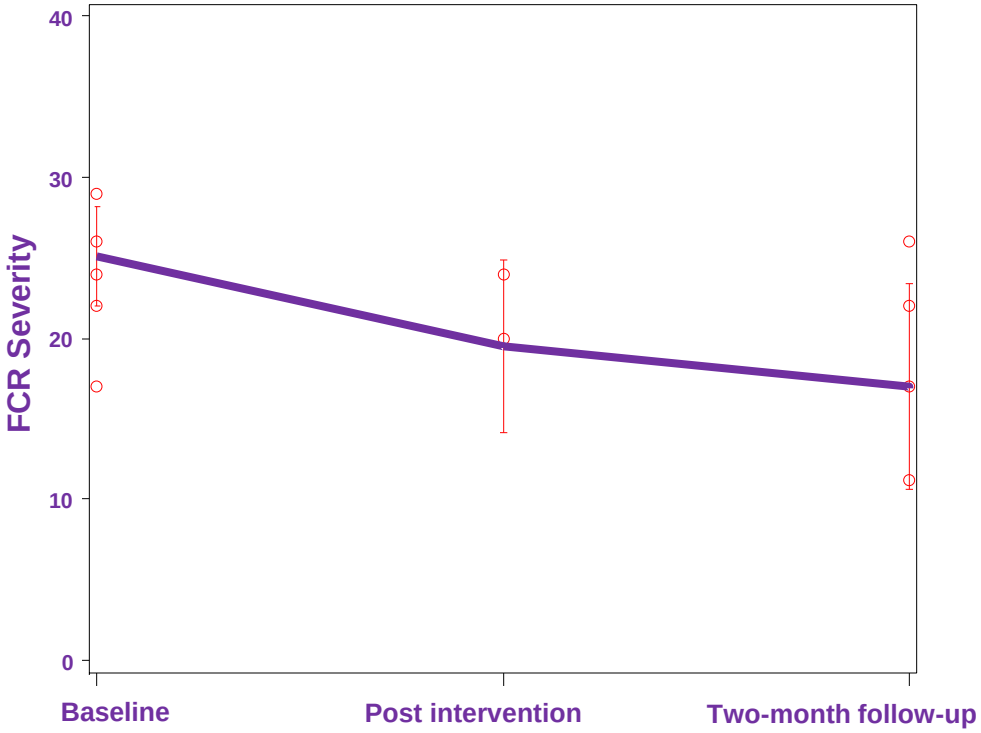
PILOT STUDY RESULTS

Demographic details	N (%)
Gender (Female)	8 (100%)
Relationship status ▪ Married/defacto ▪ Divorced/separated	 6 (75%) 2 (25%)
Educational attainment ▪ High School ▪ TAFE/University	 5 (62%) 3 (38%)
Employment ▪ Employed ▪ Retired/pensioner	 7 (88%) 1 (12%)
Country of birth Australia	 6 (75%)
Children Yes	 7 (88%)

	Mean (range)
Age at diagnosis (years)	49 (37 – 64)
Time since diagnosis (years)	2.3 (0.8 – 4.5)

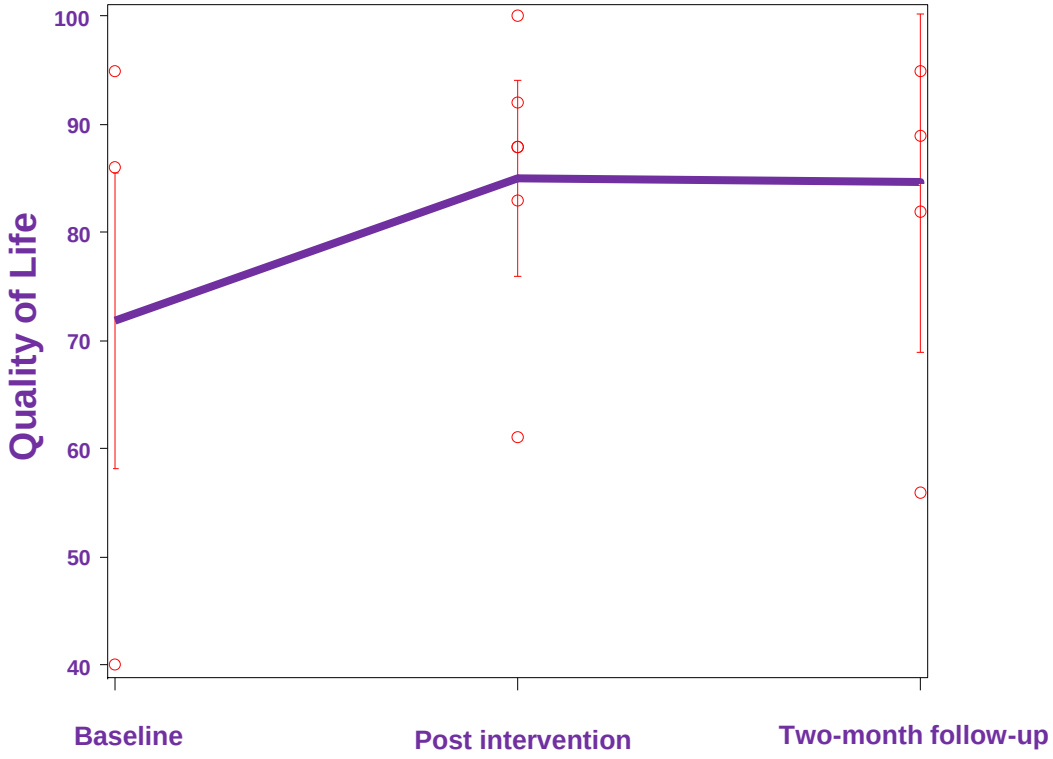
Disease & treatment details	N (%)
Cancer type	
▪ Breast	5 (64%)
▪ CNS lymphoma	1 (12%)
▪ Hodgkin's lymphoma	1 (12%)
▪ Endometrial/kidney cancer	1 (12%)
Treatment	
▪ Surgery	7 (88%)
▪ Chemotherapy	8 (100%)
▪ Radiotherapy	6 (75%)
▪ Hormone Therapy	3 (38%)
▪ Herceptin	3 (38%)
Currently receiving hormone treatment	3 (38%)

FCR SEVERITY



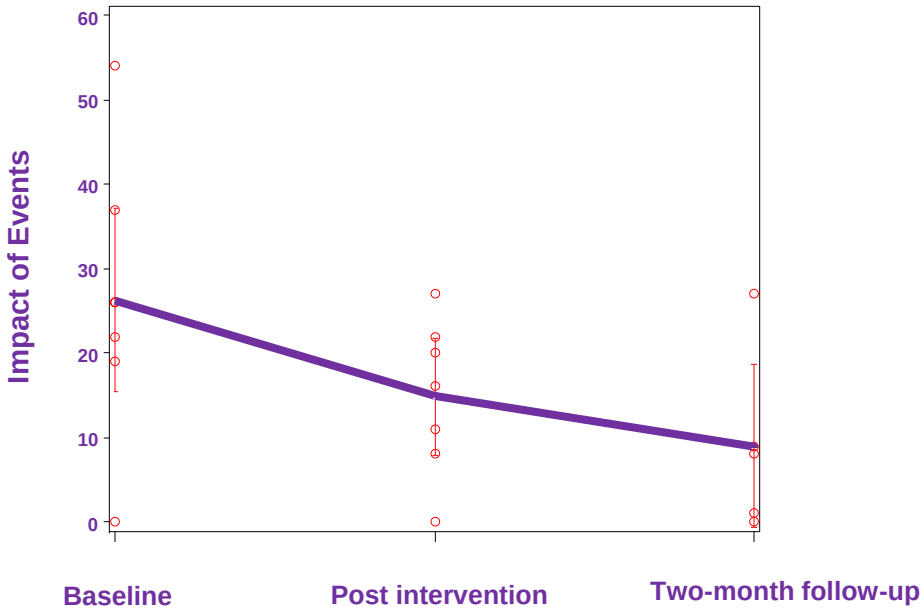
↓ of 8.2 points on the 36-point Fear of Cancer Recurrence Inventory (FCRI) Severity Subscale;
p = 0.002, effect-size 1.9

QUALITY OF LIFE



↑ of 13.0 points on the 100-point FACT-G;
p = 0.2, effect-size 0.67

DISTRESS



↓of 17.7 points on the 75-point IES;
p = 0.03, effect-size 1.2

REDUCING FEAR OF CANCER RECURRENCE IN BREAST AND COLORECTAL CANCER SURVIVORS: A CLUSTER RANDOMISED CONTROLLED TRIAL

Investigators	Affiliation
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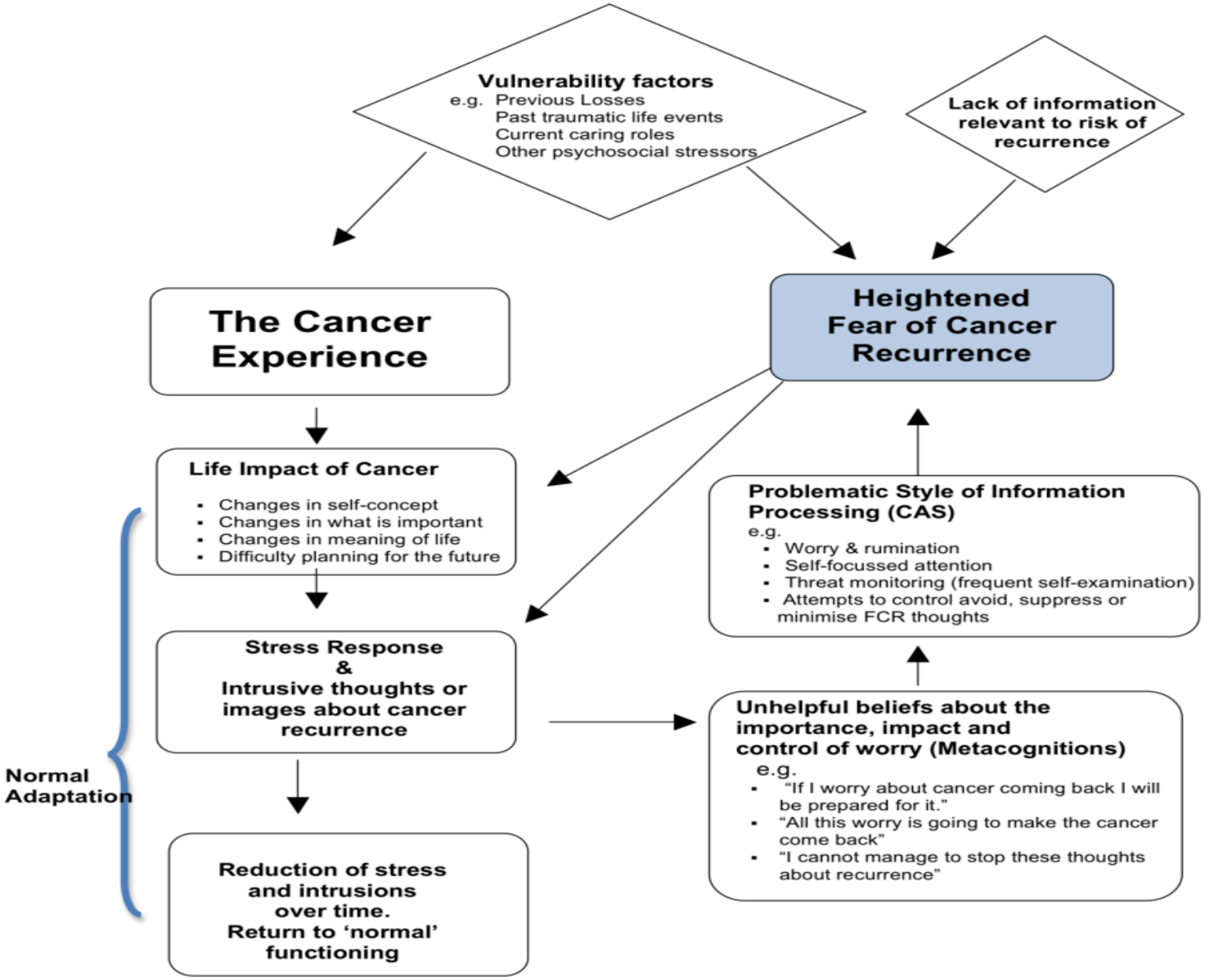
METACOGNITIONS AND DISTRESS

Self-regulatory Executive Function model identifies several inter-related components of cognition linked to the development and maintenance of emotional disorder ***Wells and Matthews 1994***

Cognitive attentional syndrome (CAS)

1. **Self-focused attention**
2. **Worry and rumination**
3. **Attentional bias towards threat-related information**
4. **Coping behaviours that are maladaptive (e.g. suppression, avoidance, minimisation) because they impair flexible self control or prevent corrective learning experiences**


Vulnerability factors
e.g. Previous Losses
Past traumatic life events
Current caring roles
Other psychosocial stressors
Lack of information relevant to risk of recurrence
The Cancer Experience
Heightened Fear of Cancer Recurrence
Life Impact of Cancer
Changes in self-concept
Changes in what is important
Changes in meaning of life
Difficulty planning for the future
Problematic Style of Information Processing (CAS)
e.g.
Worry & rumination
Self-focussed attention
Threat monitoring (frequent self-examination)
Attempts to control avoid, suppress or minimise FCR thoughts
Stress Response & Intrusive thoughts or images about cancer recurrence
Unhelpful beliefs about the importance, impact and control of worry (Metacognitions)
e.g.
"If I worry about cancer coming back I will be prepared for it."
"All this worry is going to make the cancer come back"
"I cannot manage to stop these thoughts about recurrence"
Normal Adaptation
Reduction of stress and intrusions over time. Return to 'normal' functioning

5 sessions, each lasting 60 to 90 minutes
Delivered one-on-one by trained psychologist/psychiatrist

Session 1:
- Detailed psychosocial history
- Exploration of existential issues, vulnerability factors
- Values clarification and goals

Session 2:
- Explanation of development of FCR
- Introduction to Attention Training Technique (ATT)

Session 3:
- Introduction to detached mindfulness, worry postponement
- Reinforce ATT

Session 4:
- Introduction to realistic health care and strategies to enhance wellness
- Review of unhelpful practices

Session 5:
- Review of goal-setting and skills

Aim to recruit 324 patients who have completed treatment for breast or colorectal cancer more than 2 months but less than 5 years ago

Measures at baseline, completion of treatment, 3 months and 6 months

Primary outcome:

- Fear of Cancer Recurrence

Secondary outcomes:

- Cancer-specific distress
- Quality of life
- Economic analysis

IN SUMMARY

- Fear of recurrence poses a considerable unmet burden
- Traditional interventions fail to address key issues
- Emerging conceptualisations offer promise
- Watch this space!