

Dealing with the Sword of Damocles

Flinders Centre for Innovation in Cancer
2015 Survivorship Conference

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Plenary 2 – The spectrum of illness and wellness

A/Prof Michael Jefford
MBBS, MPH, MHlthServMt Monash, PhD, GCertUnTeach Melb, GAICD, FRACP
Director, Australian Cancer Survivorship Centre – A Richard Pratt legacy
Deputy Head, Department of Medical Oncology, Peter MacCallum Cancer Centre
Senior Clinical Consultant, Cancer Council Victoria








Imminent and ever-present peril

Richard Westall's *The Sword of Damocles, 1812*
Ackland Museum, Chapel Hill, North Carolina, United States of America

Image from Wikipedia
<http://en.wikipedia.org/wiki/Damocles>

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Definition

- Fear of cancer recurrence
 - No accepted consensus definition
 - ‘Fear that cancer could return or progress in the same place or another part of the body’
 - ‘A perceived risk of cancer recurrence that is disproportionate to the actual risk of recurrence’
 - Multidimensional

Methodology

- Research questions
 1. What is the prevalence of FCR in survivors?
 2. What are the risk factors for having FCR?
 3. What is the impact (outcomes) of FCR on patient wellness?
 4. What interventions are effective in dealing with FCR in patients?

The impact of fear of cancer recurrence on wellness:

a systematic literature review

December 2013



Key findings

- Prevalent and stable across the post-treatment phase
- Experienced by the majority of survivors
 - 72% some degree, 46% moderate to high, 7% high
- Commonly reported concern and unmet need

Higher FCR associated with

- Younger age
- Female gender
- More frequent physical symptoms
- Psychological factors
- Lower quality of life
- More advanced disease (possibly)

Outcomes of higher FCR

- Lower QOL
- Lower emotional and physical functioning
- More frequent reassurance seeking
- Positive behaviour change

Lower FCR associated with

- Having religious or spiritual beliefs
- Adequate social support
- Having a sense of optimism

Interventions

- Six studies, generally of good quality
- *Several studies noted to be ongoing*
- Short-term reductions in FCR seen with couples-based skills training, mindfulness-based stress reduction and emotional regulation

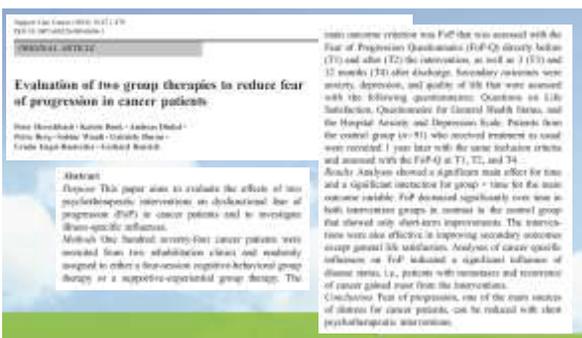


Cancer Distress Reduction with a Couple-Based Skills Training: A Randomised Controlled Trial
 Lisa Chubb, PhD, Cheryl Richardson, PhD, Mary Beth Mahoney, PhD, Deborah Peck, PhD, David R. Reardon, PhD, David G. Stinson, PhD

An Intervention to Improve Communication Between Breast Cancer Survivors and Their Physicians
 Elizabeth Grillo, PhD, Elizabeth Grillo, PhD, David G. Stinson, PhD, Cheryl Richardson, PhD, Lisa Chubb, PhD, Mary Beth Mahoney, PhD, Deborah Peck, PhD, David R. Reardon, PhD, David G. Stinson, PhD

Interventions

- RCT by Herschbach et al
 - Cognitive behavioural therapy vs supportive expressive therapy vs control group (usual care)
 - 4 x 90 minute sessions led by a psychiatrist
 - Short and long-term reductions (12 months) seen following short psychotherapeutic group interventions



Evaluation of two group therapies to reduce fear of progression in cancer patients
 Peter Hordijk, Karen Reed, Andrea Dhillon, Peter Reijnders, Wouter Oudejans, Erwin van der Wal, Frank Buntinx, Richard van den Broek

Abstract
 Purpose This paper aims to evaluate the effects of two psychotherapeutic interventions on psychological fear of progression (FOP) in cancer patients and to investigate disease-specific influences. Methods One hundred twenty-four cancer patients were recruited from two rehabilitation clinics and randomly assigned to either a four-session cognitive-behavioural group therapy or a supportive-experiential group therapy. The main outcome criterion was FOP that was assessed with the Fear of Progression Questionnaire (FOP-Q) directly before (T0) and after (T2) the intervention, as well as 3 (T3) and 12 months (T4) after discharge. Secondary outcomes were anxiety, depression, and quality of life that were assessed with the following questionnaires: Questionnaire for Life Satisfaction, Questionnaire for General Health Status, and the Hospital Anxiety and Depression Scale. Patients from the control group (n=61) who received treatment in total were recruited 1 year later with the same inclusion criteria and assessed with the FOP-Q at T1, T2, and T4. Results Analysis showed a significant main effect for time and a significant interaction for group x time for the main outcome variable. FOP decreased significantly over time in both intervention groups in contrast to the control group that showed only short-term improvements. The intervention was also effective in improving secondary outcomes except general life satisfaction. Analysis of disease-specific influences on FOP indicated a significant influence of disease status, i.e., patients with recurrence and occurrence of cancer gained most from the interventions. Conclusion Fear of progression, one of the main sources of distress for cancer patients, can be reduced with short psychotherapeutic interventions.

Strengths and weaknesses

- Limited high quality evidence
- Lack of consensus on definition of FCR
- Many studies only included women (and many with a history of breast cancer)
- Few intervention studies (small sample sizes, FCR as a secondary outcome)

Appendix B. Questions To Assess FCR

General assessment based on single questions may be sufficient to screen for fear of cancer recurrence (FCR). These questions may be used as the component of a larger assessment including other quality of life and cancer-related questions for the purpose of research. Such questions can also allow health-care professionals to identify patients at risk for FCR and increase patient engagement by relating something good and encouraging the experience of the cancer-related stressor. FCR is assessed in the questions in the papers. The information should be shared with the healthcare team. For more information on general assessment rates see page 10 of the publication for questions for the assessment and a table with scores.

The questions presented below are based on the items to assess FCR that were identified by the Systematic Review and are in the Tables in the Appendix. They are presented in a table to be used for research. The research setting, population, and a table with example items, response options, and a table to be used to score the items are provided. When these questions have been used in a research setting and the results are published, please cite the source as follows:

Prevalence of FCR

- Do you wish that your situation will get worse?*
- Seeing that you will have to live with it makes it feel worse?*
- Are you bothered by thoughts about the recurrence of cancer?***
- Can you handle that your disease is not cured?***
- Do you worry about cancer relapsing back?***
- Have you experienced help of someone else?***

Frequency of worry

- How often do you think about recurrence?***
- How often do you think about relapsing back?***
- How often do you think about relapsing back?***
- How often do you think about relapsing back?***

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Level of worry

- How worried are you about your fear and symptoms about the cancer coming back?***
- How do you feel about your fear and symptoms about the cancer coming back?***
- How do you feel about your fear and symptoms about the cancer coming back?***
- How do you feel about your fear and symptoms about the cancer coming back?***
- How do you feel about your fear and symptoms about the cancer coming back?***

Level of ease of help in relation to the worry

- Do you need help to manage your concern about the cancer coming back?***
- Do you need help to manage your concern about the cancer coming back?***

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Role of cancer recurrence in adult cancer survivors: a systematic review of quantitative studies

Current approaches to managing fear of cancer recurrence: a descriptive survey of psychological and clinical health professionals

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Summary

- FCR is a common concern and area of unmet need
- Associated with many factors including age, gender, physical and psychological symptoms and lower QOL
- Associated with various negative health and social issues

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Summary

- Some positive associations
- Psychological interventions may have short and long-term benefits
- More research (and clinical guidance) is required

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