

FEAR OF CANCER RECURRENCE Therapy Overview

Fear of cancer recurrence (FCR) is defined as *fear, worry or concern relating to the possibility that cancer will come back or progress.*¹ It can present in varying levels of severity from occasional bouts of cancer-related anxiety to more intense, regular feelings of distress.

The following overview examines ways to screen and assess, as well as reduce and treat FCR.

PATIENT-HEALTHCARE PROVIDER COMMUNICATIONS

Communication between patients and healthcare providers – including oncologists, haematologists, other doctors, nurses and allied healthcare professionals – can have an important impact on a patient's psychosocial well-being and help reduce FCR.

However, FCR is often left out of care planning and discussions between patients and healthcare providers. The 2018 Lymphoma Coalition Global Patient Survey on Lymphomas and CLL found that only 45% of patients discussed their FCR with their doctor, and only 29% felt it helped alleviate their fear. Of those who discussed their FCR with their doctor, only 37% were referred onto further support.

While FCR is associated with patients whose cancer is in remission, it is important to note that 43% of patients with lymphoma reported starting to experience FCR before their initial treatment was completed. Providing adequate information about prognosis, information about the signs and symptoms of a recurrence, and strategies for risk reduction inform and empower patients about their own health. Lymphoma Coalition research has demonstrated that confidence, which stems from information and support, plays a significant role in positive healthcare experiences and outcomes.

It is also important to talk about the psychosocial effect of a cancer diagnosis and tell patients and families about the possibility of FCR. Normalising FCR and encouraging patients to discuss it can help reduce its effects and identify when therapy is needed.

ASSESSING AND SCREENING

Fear of cancer recurrence affects the majority of cancer survivors. It has the potential to be severe and significantly affect a person's quality of life. For these reasons, screening using a validated measurement tool to assess FCR is recommended. Ideally, a validated FCR measurement tool should be used alongside verbal open-ended questions because some patients may be more likely to respond to direct questions.

If FCR is detected at any severity, it is important this information be shared with the patient and their healthcare team, and that the patient is referred onto appropriate support. Severe FCR is considered clinically significant and is unlikely to resolve itself without clinical intervention.

Understanding predictors that are more commonly associated with FCR can also help identify individuals who are at higher risk of FCR. These predictors include demographic features such as being younger, female, and of lower social-economic status; clinical features such as pain, fatigue, and a lack of well-being; and psychosocial features including depression, anxiety, and lower levels of optimism.

Screening for FCR is particularly important at the end of treatment and during follow up appointments, when individuals have less contact with their healthcare teams. Since FCR may fluctuate throughout a patient's experience, it is also important to repeat assessments. Specific to lymphomas, the 2018 Lymphoma Coalition Global Patient Survey on Lymphomas & CLL found that 43% of patients experienced FCR during treatment and 72% experienced FCR after treatment.ⁱⁱ Patients' report FCR peaked immediately following treatment (27%) and 3 - 5 years after treatment (22%).ⁱⁱⁱ

Find validated measuring tools at
lymphomacoalition.org/FCR

- i. Lebel S, Ozakinci G, Humphris G, Mutsaers B, Thewes B, Prins J, Dinkel A, Butow P. From normal response to clinical problem: definition and clinical features of fear of cancer recurrence. *Supportive Care in Cancer*. 2016 Aug 1;24(8):3265-8.
- ii. Lymphoma Coalition. 2018 Global Patient Survey. lymphomacoalition.org/global-information/global-patient-survey/2018
- iii. Ibid

TYPES OF THERAPY

Several behavioural therapies and psychotherapies have been adapted to address FCR in cancer survivors.

Acceptance and Commitment Therapy (ACT)

This therapy suggests that greater well-being can be achieved by overcoming negative thoughts and feelings. Often conducted one-on-one with a therapist, ACT promotes forms of coping including accepting cancer-related distress, reducing cancer-related avoidance, clarifying personal values and committing to behavioural change.

Cognitive Behavioural Therapy (CBT)

The goal of CBT is to change the patterns of thinking or behaviours that are behind the individual's difficulties. Usually conducted one-on-one with a therapist, CBT focuses on the individual's thoughts, images, attitudes or beliefs and how they relate to the way the person reacts or behaves.

Blended Cognitive Behavioural Therapy (bCBT)

Similar to CBT, this therapy employs both face-to-face sessions with a therapist and web-based sessions offering the individual continuous access to online interventions.

Cognitive Existential (CE)

In this setting, CE aims to improve mood and mental attitude towards cancer. Used in individual and group settings, themes related to oncology-focused CE include working through grief over losses, improving problem-solving, developing cognitive strategies to improve coping, body and self-image, sexuality and relationships.

Mindfulness-Based Stress Reduction (MBSR)

Usually in a group setting, this therapy employs mindfulness meditation, body scanning and yoga postures to help individuals become more aware of habitual reactions and find new ways to interrupt the cycle and create more choice. Key principles include non-judging, non-striving, acceptance, letting go, beginner's mind, patience, trust and non-centring.

Communication Skills Training (CST)

Also known as Survivorship Care Planning, CST programs are being developed for physicians to help them initiate survivorship-focused care plans that go beyond more common discussions of nutrition, exercise and rehabilitation, to include psychosocial issues and concerns.