Addressing fear of cancer recurrence
An Oncologist’s perspective
Fear of Cancer Recurrence

Fear that cancer will come back or progress

Mild or transitory FCR is normal and can motivate appropriate health behavior

Mild or normal → excessive worry and intrusive thoughts

Patients with high FCR report distress, poorer health-related quality-of-life (HRQOL), functional impairments, and stress symptoms

Iatrogenic factors may contribute to FCR such as novel therapies, predictors of recurrence and its impact on treatment recommendations, extended therapies
A systematic review of FCR studies concluded that the people most vulnerable to this condition are newly diagnosed cancer patients and survivors who are younger and who have higher subjective risk perception, more severe side effects, and/or other anxiety conditions (Simard).

A dedicated “end of treatment” consultation during which the clinician can address these issues and, when relevant, provide written information may be useful.

Patients can also be told that it is common to experience some emotional upheaval as they end treatment and lose the support provided by regular contact with oncology staff.
Severe FCR does not improve without intervention, and oncologists can play an important role in helping patients to better manage it.

Interventions based on CBT and focus on coping with intrusive thoughts and images, reducing safety seeking behaviors and promoting patients’ abilities to make future plans.

RCT's using various methods ranging from in-person to web based and hybrid approaches all demonstrate benefit: SWORD (van de Wal), FORT (Maheu), Conquer Fear (Butow).
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How can we help patients with psychological, behavioral and other clinical interventions...and how can we use non medical resources to help patients live with and normalize these fears?
"Through open conversation about my fears and concerns, my oncologist and I have agreed on clinical follow-up and labs for now, using imaging if new or concerning symptoms arise. Through exploring the reasons for wanting to do more, I was able to accept doing less. I still long for the additional reassurance that imaging offers, but realize that no test can provide complete reassurance. I hope that over time, I will grow to be more comfortable with uncertainty and less afraid of what may be hiding underneath my skin”

R Mc Coy, JCO 2018, a young physician and health services researcher after completing chemotherapy for Hodgkin’s Disease
Growing numbers of patients will be presented with complex arrays of genomic information and options to forego standard treatment or embark on novel therapies.

- Patients will seek reassurance:
  - Through labs
  - Through imaging studies
  - Through comforting words from the treating oncologist
  - Through social media and other sources of peer support
Dealing with Fear of Cancer Recurrence

- How can patients help themselves?
- Online communities? Are they reliable sources of peer support? How can we be sure they are safe? Should we recommend? Are there guidelines to help?
- Access to quality education and information? Example: ASCO’s Cancer.Net, Up to Date patient portal
- Peer led interventions to improve agency and self-efficacy?
Participants defined their period of survivorship as a time in which they focused on attempting to live well and regain the quality of life they lost during treatment. Nonetheless, they reported concerns related to loss of control, uncertainty, and the possibility their cancer could recur. Most women preferred not to be called a “survivor,” some suggesting the term “thriver” or someone “in remission” rather than someone who is completely finished with their treatment. Most agreed that the way in which a survivor defines herself should be personally defined rather than imposed on them from others.
Thank you and see you in San Francisco

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