

Fear of Cancer Recurrence: A Systematic Review of Randomized, Controlled Trials

Dandan Chen, RN, Weijia Sun, RN, Na Liu, RN, Jie Wang, RN, Jingxia Zhao, MM,
Yue Zhang, MM, Jinqian Liu, MM, and Wei Zhang, PhD

PROBLEM IDENTIFICATION: Fear of cancer recurrence (FCR) is prevalent among people with cancer; therefore, it is important to determine whether interventions offered to this population are effective in alleviating FCR. This review summarizes randomized, controlled trials in the literature about the effect of psychosocial interventions on FCR in people with cancer.

LITERATURE SEARCH: A systematic review of the literature was conducted using PubMed, Web of Science, EMBASE, and Cochrane Library.

DATA EVALUATION: Extracted data included cancer type, number of participants, intervention type and duration, follow-ups, and primary and secondary outcomes.

SYNTHESIS: 10 studies met inclusion criteria. Types of interventions included mindfulness-based therapy (n = 3), cognitive behavioral therapy (n = 4), psychoeducational interventions (n = 1), gratitude interventions (n = 1), and communication interventions (n = 1).

IMPLICATIONS FOR PRACTICE: Psychosocial interventions are beneficial for alleviating FCR and positively affect depression, anxiety, and quality of life in people with cancer.

KEYWORDS psychosocial; cancer; fear of cancer recurrence; intervention

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Fear of cancer recurrence (FCR) is defined as “fear, worry, or concern about cancer returning or progressing” (Lebel et al., 2016, p. 3,267). This is one of the most normal and aversive psychological phenomena among people with cancer and is also one of the top concerns consistently described (Simard, Savard, & Ivers, 2010). FCR may persist many years after cancer treatment (Wagner et al., 2011). Evidence has shown that its incidence was as high as 99%, and about one-third of people reported high FCR, which seriously affected their physical and mental health (Koch et al., 2014). In addition, people with cancer who experience high levels of FCR may report negative behavior changes (Lasry & Margolese, 1992), difficulties making future plans (Hart, Latini, Cowan, & Carroll, 2008), excessive use of health services (Lebel, Tomei, Feldstain, Beattie, & McCallum, 2013), and greater psychological distress (Alfano & Rowland, 2006). For example, among those with clinical FCR, 36% met the screening criteria for general anxiety disorder, and 43% met the screening criteria for hypochondriasis (Thewes et al., 2013). In particular, even high levels of FCR can become a chronic problem for people with cancer (Custers et al., 2014). If FCR could be alleviated or reduced, people with cancer may enjoy better quality of life. The high occurrence of FCR and its potentially negative impacts make it imperative to identify valid treatments aimed at helping people address FCR.

Psychosocial interventions are aimed at satisfying the psychological, mental, and social needs of patients rather than treating the disease itself (Turner et al., 2005). Psychosocial interventions include behavioral therapy, cognitive therapy, counseling, psychological therapy, and education (Coughtrey et al., 2018). Given the key role of supportive care interventions in improving health and wellness (Wolin & Colditz, 2011), researchers have actively explored the effects of psychosocial