

# Interventions to Manage Uncertainty and Fear of Recurrence in Female Breast Cancer Survivors: A Review of the Literature

Gretchen Dawson, MSN, RN, AGPCNP-BC, OCN®, AOCNP®, Lydia T. Madsen, PhD, RN, AOCNS®, and Joyce E. Dains, DrPH, JD, RN, FNP-BC, DPNAP, FAANP



© mofles/iStock/Thinkstock

**Background:** Fear of cancer recurrence (FCR) is one of the largest unmet needs in the breast cancer survivor population. This review addresses this unmet need with the question: What available interventions manage uncertainty and FCR in female breast cancer survivors?

**Objectives:** The purpose of this article is to better understand potential interventions to manage FCR when caring for breast cancer survivors.

**Methods:** Databases used were PubMed, CINAHL®, Google Scholar, EMBASE, and Scopus. Articles published in English from 2009–2014 with female breast cancer survivors and interventions that address FCR as an endpoint or outcome measure or objectively illustrate an improvement in FCR were included. One hundred ninety-eight articles were initially identified in this literature review search. Upon detailed review of content for relevance, seven articles met criteria to be included in this review.

**Findings:** This literature review provided current evidence of published interventions to manage uncertainty in the female breast cancer survivor population, as well as future research recommendations. Interventions surrounding being mindful, managing uncertainty, having more effective patient–provider communication, and handling stress through counseling are options for managing FCR.

Gretchen Dawson, MSN, RN, AGPCNP-BC, OCN®, AOCNP®, is an advanced practice RN oncology fellow, Lydia T. Madsen, PhD, RN, AOCNS®, is the associate director of Nursing Programs, and Joyce E. Dains, DrPH, JD, RN, FNP-BC, DPNAP, FAANP, is an associate professor, all at the University of Texas MD Anderson Cancer Center in Houston. The authors take full responsibility for the content of the article. The authors did not receive honoraria for this work. The content of this article has been reviewed by independent peer reviewers to ensure that it is balanced, objective, and free from commercial bias. No financial relationships relevant to the content of this article have been disclosed by the authors, planners, independent peer reviewers, or editorial staff. Dawson can be reached at gretchenwdawson@gmail.com, with copy to editor at CJONEditor@ons.org. (Submitted July 2015. Revision submitted February 2016. Accepted for publication February 15, 2016.)

Key words: cancer recurrence; fear of recurrence; breast cancer survivors

Digital Object Identifier: 10.1188/16.CJON.E155-E161

Fear of cancer recurrence (FCR) is reported to be a problem by many cancer survivors. Regardless of the initial stage of cancer at diagnosis, FCR often persists for patients long after anticancer therapies have been completed. Transitioning from patient to survivor is difficult and, without adequate interventions, a person may be at increased risk for maladaptive coping and long-term adjustment disturbances (Allen, Savadatti, & Levy, 2009). However, few established, evidence-based intervention strategies are routinely implemented in clinical practice to manage this reported unmet need in breast cancer survivors (BCS). The purpose of this review is to examine the literature for studies of interventions designed to decrease

FCR, decrease anxiety related to uncertainty in patients, and improve quality of life in BCS.

In the United States, 1 in 8 women will be diagnosed with breast cancer, and 1 in 36 will actually die as a result of her disease (American Cancer Society [ACS], 2016b). To date, more than 2.8 million BCS are living in the United States (ACS, 2016b). A woman's risk of cancer recurrence depends on her age at diagnosis, the stage, and the grade of breast cancer. Brewster et al. (2008) reported that women with stage I breast cancer had a five-year residual risk of recurrence of 7%, and women with stage II and III breast cancer had a five-year risk of recurrence rate of 11% and 13%, respectively.