



Mitigating fear of cancer recurrence

Steven Sorscher¹

Received: 9 November 2022 / Accepted: 29 November 2022 / Published online: 3 February 2023
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Ankersmid et al. reported that patients' perceptions of their recurrence risk affect their fear of cancer recurrence (FCR). The authors concluded that "Recurrence risk estimations and risk appraisals are two different concepts which are both associated with FCR and should therefore be addressed in patient-provider communications" [1].

To date, nearly all of the studies of therapies for patients with FCR do not mention that offering patients more precise estimates of their recurrence risk could help mitigate the FCR they experience. For example, from their review of 13 studies, Paperak et al. concluded that cognitive behavior therapy (CBT) and mindfulness-based stress reduction (MBSR) are the most effective treatments for fear of cancer recurrence. However, in their review article there is no specific mention of the relationship of the precise estimation of recurrence risk and FCR [2].

Recent technological advances have made risk assessment much more precise. In the National Comprehensive Cancer Network Breast Cancer guidelines, quantitative RNA assays are endorsed not only to predict prognosis but also to predict whether there is benefit from extending adjuvant endocrine therapy—which is recommended in roughly 80% of patients with invasive breast cancer—to ten years instead of five years. In the same guidelines, there is extensive discussion of tumor somatic genetic testing and germline testing in estimating recurrence risk and secondary cancer risk, respectively [3].

Future studies should be designed to include assessing whether offering the now widely available genetic tests

proven to better estimate recurrence risk is also an effective therapy for FCR for some patients. Together, medical oncologists, psychologists, and other providers can rely on each other's expertise in applying different measures to reduce FCR in our patients.

Data availability There was no data generated or analyzed for this publication.

Declarations

Conflict of interest Dr. Sorscher has no conflict of interest related to this publication.

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✉ Steven Sorscher
ssorscher1@gmail.com

¹ Wake Forest School of Medicine, One Medical Center Blvd, Winston-Salem, NC 27157, USA