

Fear of cancer recurrence remains for certain prostate cancer survivors long after treatment

August 18 2021



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A recent study reveals that some prostate cancer survivors have a persistent fear of cancer recurrence (FCR) even many years after

diagnosis and treatment. Level of education, years since prostate removal, signs of cancer recurrence, and current therapies were predictors of FCR. The findings are published by Wiley early online in *Cancer*, a peer-reviewed journal of the American Cancer Society.

The study included 2,417 survivors of [prostate removal](#) who completed a questionnaire (on average) seven years after surgery, with another questionnaire completed nine years later. Responses revealed that 6.5% and 8.4% of patients reported high FCR at the initial assessment and at follow-up, respectively.

High FCR at the initial assessment was the strongest predictor of having FCR nine years later. Other predictors of FCR at the follow-up assessment included:

- lower level of education
- more years since prostate cancer surgery
- signs of cancer recurrence in the first years after treatment
- current receipt of therapy for [prostate cancer](#)
- anxiety

"Since FCR remains a burden to certain prostate [cancer](#) survivors even many years after their diagnosis and treatment, health care professionals should monitor for it to identify patients at risk and provide appropriate psychosocial care because FCR is leading to limitations in quality of life and psychological well-being," said lead author Valentin Meissner, MD, of The Technical University of Munich, in Germany.

An accompanying editorial notes that "this study is the largest registry study to date on the longest longitudinal analysis of FCR." The editorial's authors describe additional research that should be conducted related to FCR.

More information: Valentin H. Meissner et al, Fear of cancer recurrence and disease progression in long-term prostate cancer survivors after radical prostatectomy: A longitudinal study, *Cancer* (2021). [DOI: 10.1002/cncr.33836](https://doi.org/10.1002/cncr.33836)

Provided by Wiley

Citation: Fear of cancer recurrence remains for certain prostate cancer survivors long after treatment (2021, August 18) retrieved 24 April 2024 from <https://medicalxpress.com/news/2021-08-cancer-recurrence-prostate-survivors-treatment.html>

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