Purpose: Fear of a cancer recurrence (FCR) is one of the most commonly reported and most distressing psychological consequences of breast cancer for survivors (Ferlay et al., 2015; Zdenkowski et al., 2016). FCR is related to poor health outcomes, such as sleep disturbances, fatigue, and poor concentration, which impact overall wellbeing and increase healthcare costs (Brown, Kroenke, Theobald, Wu, & Tu, 2010). Partners report similar levels of FCR as the survivors themselves (Bigatti et al., 2012; Nakaya et al., 2010), effects that can last years after diagnosis and treatment (Cohee et al., 2017; Simard, Savard, & Ivers, 2010). However, partners’ psychological and health outcomes are rarely the focus of interventions. Specifically, no interventions designed to reduce FCR in partners currently exist, and there are no published reports of the relationship between partners’ FCR and their own health outcomes. A recent RCT (quantitative results not yet published) was designed to compare FCR outcomes in breast cancer survivors between 2 interventions. The team of researchers hypothesized that the intervention may also be effective in reducing FCR in partners, if tailored to meet their unique needs. Knowledge about partners’ needs immediately following treatment have been assessed only once, with partners reporting needs of information about familial risk, help managing FCR, and coordination of care (Turner et al., 2013). Unknown, though, are the partners’ needs, preferences, and willingness to participate in a survivorship education intervention.

Methods: Qualitative descriptive methods were used to analyze narratives from eleven partnered breast cancer survivors who participated in a survivorship education intervention. As a first step to learn about partners’ interest in an intervention, survivors were asked about their spouse or partner’s interest in a similar hypothetical intervention, potential benefits and barriers to participation, and specific aspects of the intervention that may be especially useful to partners.

Results: All eleven survivors believed the intervention would be beneficial to partners but had mixed responses as to whether their partners would agree to participate. Several barriers to participation were discussed, including lack of time, wanting to move on from cancer, and acting like cancer never happened. Survivors identified personal, partner, and dyadic benefits to participation. Survivors also described wanting their partners to learn about the emotional and physiological impact breast cancer had on them, and their needs as survivors.

Conclusions: Survivorship education interventions designed to reduce FCR for both breast cancer survivors and their partners should consider unique needs and desires of partners. Partners should be interviewed directly to gain better insights about their needs, rather than breast cancer survivors’ perceptions of their needs.
References:


Abstract Summary:
Breast cancer survivors and their partners report similar levels of fear of recurrence; however, partners are rarely the subject of intervention. Survivors' perceptions for partners' interests and barriers in a survivorship education intervention are discussed.

Content Outline:

1. Fear of cancer recurrence (FCR) is one of the most common and distressing psychological problems for partners resulting from breast cancer
   1. Partners report similar levels of FCR as the survivors
   2. FCR is related to poor health outcomes and increases healthcare costs
2. Partner's needs and preferences for interventions to reduce FCR are unknown
   1. No interventions to date have focused on reducing FCR for partners
   2. Only one published study has even asked partners for their needs after treatment
3. Partners' interest in and barriers to participating in survivorship education interventions are unknown
   1. Qualitative interviews were conducted with partnered survivors enrolled in a survivorship education intervention
   2. Survivors were asked about their partners' interest and potential barriers and benefits to participating in a similar, hypothetical intervention
4. All eleven survivors believed the intervention would be beneficial to partners
1. Several barriers to participation were discussed, including lack of time, wanting to move on from cancer, and acting like cancer never happened
2. Survivors identified personal, partner, and dyadic benefits to participation
3. Survivors wanted partners to learn about their own needs
4. Survivorship education interventions should consider unique needs and desires of partners
5. Partners should be interviewed directly to gain better insights about their needs

First Primary Presenting Author
**Primary Presenting Author**
Andrea A. Cohee, PhD, RN
Indiana University School of Nursing
School of Nursing, Department of Community and Health Systems
Assistant Professor
Indianapolis IN
USA

**Professional Experience:** 2017-present-- Assistant Professor, Indiana University School of Nursing, Indianapolis, IN 2015-2017-- Behavioral Oncology Post-Doctoral Fellow, Transdisciplinary Training in Cancer Prevention and Control T32 Program, Indiana University, Indianapolis, IN. 2009-2015--Behavioral Oncology Doctoral Fellow, Indiana University Author or coauthor of 10 publications all focused on cancer prevention, control, and survivorship issues Numerous presentations at scientific meetings

**Author Summary:** Dr. Andrea Cohee is an Assistant Professor at Indiana University in the United States whose research focuses on psychological distress and quality of life outcomes for breast cancer survivors and their partners.

Second Author
Shelley A. Johns, PsyD, ABPP
Indiana University School of Medicine
Division of General Internal Medicine & Geriatrics
Assistant Professor
Indianapolis IN
USA

**Professional Experience:** 2012-present--Research Scientist, Regenstrief Institute, Inc. Center for Health Services Research, Indianapolis, Indiana. 2012-present-- Assistant Professor, Indiana University School of Medicine, Indianapolis, Indiana. 2009-2012-- Behavioral Oncology Post-doctoral Fellow, Indiana University School of Nursing, Indianapolis, Indiana.

**Author Summary:** Dr. Johns is an American Board of Professional Psychology certified Clinical Health Psychologist and Assistant Professor at Indiana University School of Medicine. She has been conducting research in reducing the cancer burden for patients, survivors, and at the end of life for more than 8 years.