AFTER Intervention Workshop

Gerry Humphris
Fear of Recurrence

“fear that cancer could return or progress in the same place or in another part of the body”
<table>
<thead>
<tr>
<th>1997</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fear of cancer recurrence-a literature review and proposed cognitive formulation to explain exacerbation of recurrence fears.</td>
</tr>
<tr>
<td>C Lee-Jones &amp; G M Humphris R Dixon, M Hatcher</td>
</tr>
</tbody>
</table>
2013


Simard Sébastien, Thewes Belinda, Humphris Gerry, Dixon Mélani, Hayden Ceara, Mireskandari Shab & Ozakinci Gozde
Interventions
### New findings from recent review

<table>
<thead>
<tr>
<th>Author/Design</th>
<th>N</th>
<th>Cancer Type</th>
<th>Intervention</th>
<th>Findings</th>
<th>Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cameron 2007 (RCT)</td>
<td>154</td>
<td>Breast</td>
<td>Guided imagery; meditation; emot. expression</td>
<td>FoR less at 4 mths, not 6 or 12 mths</td>
<td>Strong</td>
</tr>
<tr>
<td>Herschbach 2010 (RCT)</td>
<td>265</td>
<td>Mixed</td>
<td>CBT, SET</td>
<td>Both CBT and SET reduced FoP</td>
<td>Strong</td>
</tr>
<tr>
<td>Lengacher 2009 (RCT)</td>
<td>84</td>
<td>Breast</td>
<td>Mindfulness stress reduction</td>
<td>FoR reduced at 6 wks</td>
<td>Strong</td>
</tr>
<tr>
<td>Lengacher 2011 Single Grp</td>
<td>19</td>
<td>Breast</td>
<td>Mindfulness stress reduction</td>
<td>Overall concerns about recurrence (pilot)</td>
<td>Adequate</td>
</tr>
<tr>
<td>Shields 2010</td>
<td>44</td>
<td>Breast</td>
<td>Nurse telephone coaching to improve Dr-pt comms</td>
<td>No signif diffs in FoR</td>
<td>Strong</td>
</tr>
</tbody>
</table>
Selection criteria include clinical levels of FoR.

Intervention:
- 5 week program using Self-Regulation of Executive Function

Includes components of metacognitive therapy including:
- Attention Training Technique (ATT) and
- detached mindfulness.

It also includes psycho-educational components,
- evidence-based strategies for secondary cancer risk reduction and
- Acceptance and Commitment Therapy (ACT).

The intervention package teaches the participant strategies for
- controlling worry and
- excessive threat monitoring and
- dealing with symptoms which may signal potential recurrence.
# AFTER Intervention

<table>
<thead>
<tr>
<th>Title</th>
<th>Sessions</th>
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</thead>
<tbody>
<tr>
<td>A  Adjustment</td>
<td>1 Assessment</td>
</tr>
<tr>
<td>F  Fear</td>
<td>2 Family</td>
</tr>
<tr>
<td>T  Threat</td>
<td>3 Thoughts &amp; feelings</td>
</tr>
<tr>
<td>E  Expectation</td>
<td>4 Examination</td>
</tr>
<tr>
<td>R  Recurrence</td>
<td>5 Returning of cancer</td>
</tr>
<tr>
<td></td>
<td>• Reluctance</td>
</tr>
<tr>
<td></td>
<td>• Respect</td>
</tr>
<tr>
<td></td>
<td>• Remaining well</td>
</tr>
<tr>
<td></td>
<td>6 Review</td>
</tr>
</tbody>
</table>
Leventhal’s Self Regulation Model

- Threats to health
- Symptoms
  - Cognitive illness representations
  - Action plans
  - Appraisal
    - Illness outcomes
    - Emotional outcomes
- Emotional illness representations
  - Action plans
  - Appraisal
The AFTER intervention: A structured psychological approach to reduce fears of recurrence in patients with head and neck cancer

Gerry Humphris* and Gozde Ozakinci
Bute Medical School, University of St Andrews and Clinical Psychology Department, Edinburgh Cancer Centre, Western General Hospital, Edinburgh, Scotland, UK

Head and neck cancer and its treatment have profound effects on function, self-image, and mental health. Fears of recurrence are one of the major concerns of cancer survivors that endure and can influence the patients’ ability to adjust and plan for the future. This paper describes the design and development of the adjustment to the fear, threat or expectation of recurrence (AFTER) intervention which targets recurrence fears, inappropriate checking behaviour, and beliefs about cancer; adopting recognized cognitive behavioural and health psychology principles, particularly Leventhal's self-regulation model. The intervention includes structured sessions, manualized delivery by a specialist nurse, invitation to caregiver, expression of fears, examination and change of beliefs, and checking behaviour. Initial testing showed acceptability (nurse satisfaction ratings by patient) of the intervention which may have applicability for patients who have been treated with cancer at other sites.

• Structured
• Tailored
• Focused on family beliefs, symptom reinterpretation, checking behaviour,
• Exposure to anxiety and worry
• Based upon Self-Regulation Theory
6 session AFTER intervention in here

P < .03
Path-analysis of original data from AFTER RCT

Baseline (after Rx completed)

FoR₀ → 0.73*** → FoR₄ → 0.63*** → FoR₈ → 0.72*** → FoR₁₂

AFTER intervention
6 sessions
Offered between FoR₄ and FoR₈

Estimates,
Using Bootstrap Model,
Controls n=34
Intervention n=53
***p<.001; **p<.01, *p<.05

Humphris & Rogers 2012
Fear of Recurrence

Natural and to be expected

Risk of diminishing too greatly

Cancer diagnosis moves individual from status quo: relieves or exacerbates distress

Labels or replaces existential fear

FoR functions to mask other deeper problems unrelated to cancer. Concept of vulnerability
Behavourial response to FoR

- Body checking
- Seeking advice, family and friends (and Dr)
- Withdrawing from things and people we enjoy, or making choices that delay happiness out of fear of disappointment
- Limited planning for the future
# Session 1: Assessment

## Objectives
- Purpose, willingness
- Specific concerns
- Opinions about check-ups and self-checking
- Assess anxiety about symptoms
- Beliefs about recurrence
- Level of support
- Explain assistance available

## Techniques
- CBT for chronic illness and palliative care:
  - Sage, Sowden, Chorlton, Edeleanu
  - 2008 Wiley

Assessment (p78)
Deciding on course of action (p97 & p176)
Assessing psychological distress (p251)
Session 2: Family

Objectives

- Explain ways that family/friends can be a support
- Assess past family experience of cancer
  - Distorted view of survival and course of illness
- Ascertain if has confidant

Techniques

- CBT for chronic illness and palliative care:
  - Sage, Sowden, Chorlton, Edeleanu
  - 2008 Wiley

Refer to:
- Avoidance (p201)
- Denial (p203)
- Assessment (p78)
- Formulation (p87)
## Session 3: Thoughts and feelings

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Techniques</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Determine symptoms that pt experiences and the sense they make of them</td>
<td>• CBT for chronic illness and palliative care:</td>
</tr>
<tr>
<td>• Is anxiety a central feature, exacerbates FoR</td>
<td>• Sage, Sowden, Chorlton, Edeleanu</td>
</tr>
<tr>
<td>• Introduce Applied Relaxation</td>
<td>• 2008 Wiley</td>
</tr>
<tr>
<td></td>
<td>Panic attacks (p229)</td>
</tr>
<tr>
<td></td>
<td>Physical tension (p232)</td>
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<tr>
<td></td>
<td>Managing emotions and unpleasant physical sensations (p167)</td>
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<tr>
<td></td>
<td>Psycho-education (p276)</td>
</tr>
<tr>
<td></td>
<td>Assessing psychological Distress (p251)</td>
</tr>
<tr>
<td></td>
<td>Attention strategies (p252)</td>
</tr>
<tr>
<td></td>
<td>Relaxation exercises (280)</td>
</tr>
</tbody>
</table>
## Session 4: Examination

### Objectives

- Explain attendance at Out-Pts. is anxiety provoking: setting, examination and other pts.
- Self-examination and checking behaviour

### Techniques

- CBT for chronic illness and palliative care:
  - Sage, Sowden, Chorlton, Edeleanu
  - 2008 Wiley
- Intrusive distressing thoughts (p214)
- Adjustment difficulties (p193)
- Behaviour change methods (p255)
- Methods of behaviour change (p132)
Session 5: Returning & 3Rs

Objectives

- Determine concerns about future and remaining well
- Discuss beliefs about possible return of cancer
- Encourage expressions of worry that cancer may return or disease was not eradicated

Techniques

- CBT for chronic illness and palliative care:
  - Sage, Sowden, Cholton, Edeleanu
  - 2008 Wiley

Challenging unhelpful thoughts (p158 & 260)
Believable alternative thoughts (p258)
Denial: Strategies for reducing distressing thoughts (p265)
Emotional expression (p268)
Expressive writing (p269)
AFTER intervention: where now?

**Systematic Review**
- Major article with international units
- 2 years in preparation

**Initial RCT**
- Published (Humphris & Rogers 2012)
- Significant reduction in FoR in H&N C
- No targeting for high FoR

**Case Series**
- Case Series of mixed cancer pts
- 2 experienced CBT therapists
- Improved AFTER (Ozakinci & Humphris)
Next Steps

- Recruitment
- Training of ‘therapists’
- Fidelity
- Outcomes
- Economic benefits
- Costings

Pragmatic Trial
Next Steps

- Use a mix of different staff to conduct intervention
- Audio-tape all sessions
- Code therapeutic statements and techniques
- Include global ratings of patient response to sessions through course of ‘treatment’
- Plot dose response and model outcome
- Obtain cut-off and use random slope multi-level linear models to capture effects rather than rely on control TAU as comparison
Licensing

Maintains quality
- Uniform material
- Updating

Retains presence
- Registration
- Focus for advice and supervision
Conclusion

Fears of recurrence are common and debilitating

New methods are being developed but need further scientific development

Theoretically, management of FoR is to enable discussion rather than ignore

Good studies are required to assist this management

Probably one-to-one input required
Psychological distress can be assessed and monitored

FoR is part of this distress

However its properties are still not fully understood

Effective interventions are still being designed and pilot tested

New research opportunities abound!
Thank you

Gerry Humphris

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