

Fear of Breast Cancer Recurrence in African-American and Caucasian Breast Cancer Survivors

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Problem. Fear of breast cancer recurrence is a concern for 55-90% of long-term breast cancer survivors.

Background. Fear of recurrence is recognized as a prevalent and long-term psychosocial consequence of surviving cancer. Breast cancer survivors often identify more than one worry about what a recurrence might threaten in their health, work, and family function (Vickberg, 2001, 2003; Ziner, 2008). Although more research has been conducted with Caucasian breast cancer survivors, less is known about the nature of fear of recurrence worries in African American breast cancer survivors.

Purpose. The purpose of this study was to compare fear of recurrence and worries related to thoughts of recurrence between African-American (AA-BCS) and Caucasian breast cancer survivors (C-BCS).

Theory. Emotion theorist, such as Lazarus (1991) suggest that fear is an emotional response to an identifiable object, thought or event that is perceived as harmful.

Methods. This is a secondary analysis of a larger study comparing quality of life of AA-BCS and C-BCS using a cross-section survey design.

Sample. Female breast cancer survivors (AA-BCS N = 62, C-BCS N = 72) who were 2-10 years post treatment.

Measures. Concerns about Recurrence Scale (CARS) Vickberg (2003) is a scale with 30 Likert-type items and 5 sub-scales: Fear of recurrence Index (overall fear frequency, intensity and consistency). Four (4) subscales of what BCS worry about: Health worries, Role worries, Womanhood worries, and Death worries.

Validity. Content analysis of focus group data (N=21) AA-BCS showed that no changes were recommended in the CARS. (Russell, Personal communication)

Reliability. The CARS and subscales were found to have Good to adequate Cronbach's alpha² for AA-BCS and C-BCS. Specifically, FRI = .92 AA-BCS, .90 C-BCS, Health worries = .93 AA-BCS, .92 C-BCS, Role worries = .75 AA-BCS, .87 C-BCS, Womanhood worries .89, AA-BCS, .90, C-BCS, Death worries .81 AA-BCS, .92 C-BCS.

Analysis. ANCOVA was used for analysis controlling for age, time since diagnosis, income, marital status, years of education and body mass index.

Results. Fear of recurrence Indexes between AA-BCS (mean 9.8) and C-BCS (mean 11.5) were not statistically different ($p = .199$). Health worries (AA-BCS mean 1.1, C-BCS mean 1.6, $p = .018$), Role worries (AA-BCS mean .8, C-BCS mean 1.2, $p = .05$), and Death worries (AA-BCS mean 1.3, C-BCS mean 2.2, $p = .01$) were significantly different between AA-BCS and C-BCS. Womanhood worries were not significantly different.

Conclusions. AA-BCS and C-BCS were equally afraid of a recurrence. Except of womanhood worries, AA-BCS had lower mean health, role and death worries than C-BCS.

Implications. Understanding the underlying worries related to overall fear of recurrence can lead to more focused and perhaps effective nursing intervention for AA-BCS and C-BCS.