Many cancer patients experience fear of progression (FoP). The purpose of this study was to test psychometric properties of the questionnaire FoP-Q-12, to examine age and gender differences of FoP, and to explore prognostic factors of FoP. A sample of 2059 patients with a cancer diagnosis who had participated in a cancer rehabilitation program was examined 6 months after discharge from the rehabilitation clinic. Participants filled in the Fear of Progression questionnaire FoP-Q-12, the Hospital Anxiety and Depression Scale (anxiety subscale), and the Generalized Anxiety Disorder Questionnaire GAD-2 and answered a list of questions concerning their cancer disease. Reliability of the FoP-Q-12 (Cronbach’s alpha = 0.90) was good. While exploratory factorial analysis supported the one-dimensional structure of the FoP-Q-12, confirmatory factorial analysis only partially supported the one-dimensional model. A proportion of 16.7% of the sample scored above the FoP-Q-12 cutoff score. Females showed higher FoP scores than males (effect size d = 0.52), and older patients had slightly lower levels of FoP than younger patients (d = 0.17). There were substantial and significant correlations between FoP-Q-12 and Hospital Anxiety and Depression Scale (HADS) anxiety (r = 0.71) as well as GAD-2 anxiety (r = 0.57). The highest FoP mean scores were found...
for the following cancer locations: ovary (M = 29.5), thyroid gland (M = 28.8), and breast (M = 27.9),
while the lowest scores were found for Hodgkin lymphoma (M = 23.6), testis (M = 21.8), and prostate
(M = 21.7). The FoP-Q-12 proved to be a valid instrument for measuring fear of progression in cancer
patients.