OBJECTIVE: To assess the character and frequency of fear of progression (FoP) and to clarify its relationship with cancer-related intrusive cognitions in breast cancer survivors.

METHODS: A sample of 1083 patients was recruited in this cross-sectional study through a population-based Cancer Registry an average of 47 month following diagnosis (66% response rate). Participants completed self-report measures assessing fear of cancer progression (FoP-Q-SF), posttraumatic stress-disorder symptoms (PCL-C), coping strategies (DWI) and quality of life (QoL) (SF-8).

RESULTS: In total, 23.6% of women were classified as having moderate to high FoP. Being nervous prior to doctors' appointments or examinations and being afraid of relying on strangers for activities of daily living were the most frequent fears. FoP was significantly associated with younger age, having children, disease progress, chemotherapy, perceived amount of impairments, physical and mental QoL, but not with time since initial diagnosis. Intrusive cognitions were screened in 37% of the sample. We found significant correlations between FoP and intrusive thoughts (r=0.63), avoidance (r=0.57), hyperarousal (r=0.54) and posttraumatic stress disorder diagnosis (r=0.42). Factors significantly associated with moderate and high FoP included a depressive coping style as well as an active problem-oriented coping style, intrusion, avoidance and hyperarousal.
symptoms (Nagelkerke's R(2)=0.44). CONCLUSIONS: Findings of this study give information regarding the frequency and the character of anxiety in breast cancer survivors and underline the relation of FoP to the reality of living with breast cancer. Results suggest that intrusive cognitions as well as avoidance and hyperarousal symptoms seem to be closely related to future-oriented fears of cancer recurrence.