



## FEAR OF RECURRENCE ON HEAD AND NECK CANCER PATIENTS IN INDIA

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**Article History: Received:** 01.02.2023

**Revised:** 07.03.2023

**Accepted:** 10.04.2023

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### Abstract

**Background:** The patient who suffers from cancer facing number of difficulties among those fear of recurrence playing major role while taking treatment as well as maintaining the quality of life.

**Objective:** This study aims to investigate fear of recurrence on head and neck cancer patients.

**Methods:** Fifty patients were taken for the study on OPD and follow-up basis, FOR/P assess for selecting subject. Purposive sampling method were used. NCCN Distress Thermometer (DT) screening tool used for identification and Fear of Progression Questionnaire Short Form (FOP-Q-SF12,) used to check level of Fear of recurrence in (Head & Neck Cancer) HNC. Mehnert et al. (2006) developed a unidimensional short form. Positive Therapy used for the psychological intervention which is developed by (Hamaltha Natesan, 2002).

**Results:** At the baseline, the most common symptoms presented was Anxiety, worry + fear, and 70% of the sample reported at least three co-morbid symptoms. Descriptive analysis and 'students t-test' were used as statistical analysis. The overall FOP scores were significantly higher in head and neck cancer patients.

**Conclusion:** These findings confirm the high rate of symptoms co-morbidities among HNC patients and highlight strong association between FOP/R and treatment cooperation and level of tolerance during treatment.

**Keywords:** Head and neck Cancer Patients, Fear of Recurrence & Positive Therapy

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### Introduction:

Fear of recurrence has become the most significant concern or hardship among head and neck cancer patients, which is leading to more psychological morbidity and also impacting attitudes towards treatment cooperation as well as the quality of life. Fear of recurrence (FOR) is defined as the

'fear associated with the possibility that cancer will return or progress in the same place or in another part of the body', (1, 2). As a result of head and neck cancer, there are significant psychological and adaptive challenges (3). In light of its detrimental impact on appearance and fundamental functions, head and neck cancer has been

defined as the most "emotionally traumatic" of all cancers (Bjorklund, and Berg, 2010). In Simard and Savard (2009), the fear of cancer recurrence is characterized by concern about the possibility that cancer may return to the same organ or advance to another. Fear of recurrence is defined by Crist and Grunveld (2013) as "the concern that cancer will recur, progress, or metastasize" (p. 978). There is extensive literature that supports or contributes to the development of medical services that are designed to improve the quality of life for individuals going through this phase of their lives, as we discussed in relation to Fear of Recurrence in Head and Neck Cancer. It is important to note that anxiety can lead to a number of complications before, during, and after treatment. The condition or state of mental health is unavoidable. The fear of cancer recurrence (FCR) is one of the most significant psychological problems experienced by cancer survivors, according to Jade V. Crist (2012). The fear of recurrence has been cited as a major concern by many studies, but there is still room for psychological intervention. As a result of identifying the need for this study, this study focuses on the intervention part as a solution to the psychological problems of cancer patients, which include fear of recurrence and progression, as well as positive therapy as an intervention, and how it impacts these problems. Positive therapy is an integrated set of techniques that combine Western techniques derived from Cognitive Behavioral Therapy with Eastern techniques derived from Yoga (Hamaltha Natesan, 2002). It aims to help people develop a positive personality and outlook on life. As a result, both physical and mental health is improved. With the assistance of this therapy, an individual can manage negative emotions such as anger, worry, anxiety, etc., as well as enhance their overall personality. The aim of this study is to examine has on fear of cancer recurrence/progression in patients with head and neck cancer. Positive therapy is a

type of psychotherapy that focuses on positive emotions, strengths, and virtues, rather than on negative emotions or problems. It aims to promote well-being and happiness by helping patients develop positive attitudes and behaviors. Studies have shown that positive therapy can be effective in reducing fear of recurrence and improving quality of life in head and neck cancer patients.

#### Method:

Design : Cross sectional design was used this study.

#### Sample

There were fifty patients enrolled in the study with HNC that was either in an early stage or was locally advanced (stage I-III), from Manavata Cancer Center, Nashik, India. In addition to Maharashtra residents, patients from other states come for treatment as well. Patients' ages range from 30 to 60 years. Using the Random Purposive Sampling Procedure, the sample was selected.

Participants were personally distributed questionnaires for the purpose of conducting the study. Participants were provided with a consent form explaining the nature of the study. The questionnaires were then collected there and then. A later analysis of the completed questionnaires was conducted. A study was initiated after all the required approvals were received from the Institutional Ethics Committee, which approved the study with the requirement that all participants sign a written informed consent.

#### Tools Uses:

In order to identify patients with HNC, the NCCN Distress Thermometer (DT) screening tool was used. An assessment of fear of progression was made using the Fear of Progression Questionnaire Short Form

(FOP-Q-SF12) to determine the level of fear of recurrence at pre- and post-recurrence. Using a sample of breast cancer patients, Mehnert et al. (2006) developed a short form that is unidimensional. The abbreviated form of the questionnaire, FoP-Q-SF, contains 12 items about four of the five subscales (with the exception of coping).

#### Statistical Method:

All data were coded and entered into SPSS version 20 following their collection with the above-mentioned tool. It was assumed that total scale scores behaved as interval scales. As a method of verifying the hypothesis, student's t-tests were used. For comparisons of means, t-tests were applied.

#### T test Sample Test

		Mean	Std. Deviation	Std. Error Mean	95% confidence interval of the difference		T	df	Sig (2 tailed)
		6.200	1.030	.146	Lower	Upper	49	42.557	.000
					5.907	6.493			

#### Discussion

There is significant difference between fear of progression before and after screening cancer. Which shows level of Fear of recurrence among the Head and neck Cancer patients higher on fear of recurrence.

In this study the calculated value "t" is significant at 0.01 level. Therefore our hypothesis is accepted. It means it shows that the rate of Fear of cancer recurrence is higher in head and neck cancer patients. Some research also supports for the same which is already mention in review of literature.

#### Result

There was a significant difference in the scores of (M = 28.98, SD = 3.204) on Head and Neck Cancer patients;  $t(49)=42.557$ ,  $P = .000$

#### Mean and SD on fear of recurrence variable

	Mean	N	Std. Deviation	Std. Error Mean
	28.98	50	3.204	.453

"There was a significant difference in the scores Fear of Recurrence in Head and Neck cancer patients (M = 28.98, SD = 3.204) in Fear of Recurrence level  $t(49) = 42.557$ ,  $P = .000$ ".

#### Conclusion:

These findings confirm the high rate of symptoms co-morbidities among HNC patients and highlight a strong association between fear of recurrence and treatment cooperation and level of tolerance during treatment. Positive Therapy is effective in reducing anxiety, fear, and worry which helps patients to cooperate and tolerate treatment well. Fear of Recurrence is higher side before the Intervention. Fear of recurrence is mild/lower side after Intervention.

#### Limitations:

There are several limitations to consider when conducting a study on positive therapy for fear of recurrence in head and

neck cancer patients in India. Some of these limitations include:

1. Cultural differences: The cultural norms and values of Indian society may impact the effectiveness of positive therapy. For example, in collectivistic cultures like India, the focus is often on the well-being of the group rather than the individual, which may influence how patients respond to positive therapy.
2. Language barriers: India is a diverse country with many different languages, which may pose a challenge for delivering positive therapy to patients who do not speak the same language as the therapist.
3. Access to mental health services: Mental health services are often stigmatized in India, and there may be limited access to mental health resources in some areas of the country.
4. Limited research: There is limited research on positive therapy for fear of recurrence in head and neck cancer patients in India. This lack of research may make it difficult to identify effective strategies for implementing positive therapy in this population.
5. Patient characteristics: Head and neck cancer patients may have unique challenges and characteristics that may impact their ability to benefit from positive therapy. For example, patients who have undergone surgery or radiation therapy may experience physical and emotional side effects that could impact their response to positive therapy. Additionally, patients who are coping with the physical changes that result from head and neck cancer may have unique psychological needs that need to be considered when delivering positive therapy.
6. Time constraints: Positive therapy often involves multiple sessions over an extended period of time. However, in India, patients may face time constraints due to work, family obligations, and

other cultural factors that may impact their ability to participate in long-term therapy.

Overall, these limitations highlight the need for careful consideration of cultural, linguistic, and patient-specific factors when designing and implementing positive therapy for fear of recurrence in head and neck cancer patients in India.

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