



Fear of Recurrence in Women with Ovarian Cancer: A Qualitative Evidence Synthesis



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SYNTHESIS:

EndNote 20

assessment

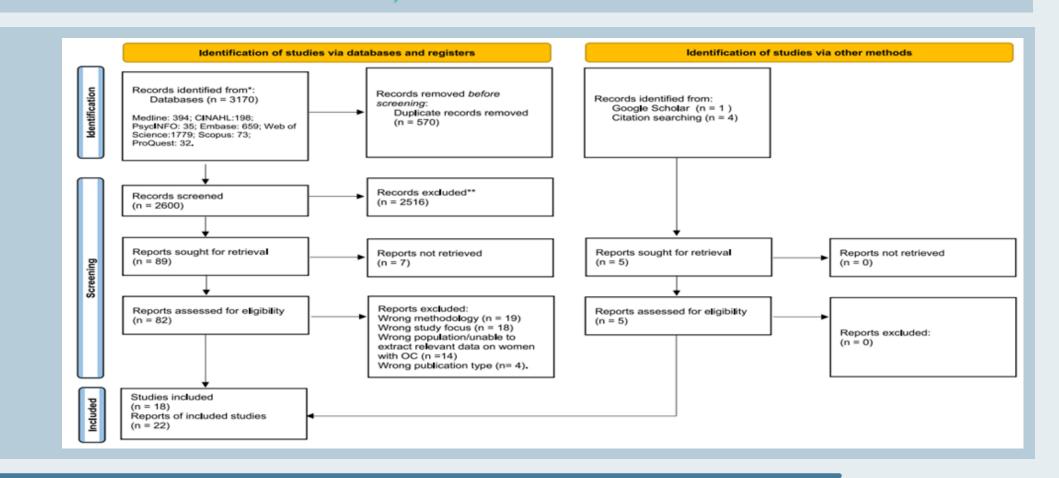
BACKGROUND

- Ovarian cancer (OC) = fifth leading cause of cancer mortality in women.
- Approximately 80% recur after first-line treatments.
- Fear of cancer recurrence (FCR) is a significant survivorship issue.
- FCR = fear, concern or worry that cancer will return or progress.
- Despite strong association between FCR and OC, FCR is not adequately assessed or managed; frequently overlooked by HCPs.²

METHODOLOGY

SCREENING & DATA INCLUSION CRITERIA: SEARCH STRATEGY: Search results = exported to Primary qualitative **ENTREQ** guidelines research studies & mixed followed Rayyan software for stage 1 methods studies (with 7 databases searched: (title & abstract) & stage 2 qualitative methods) (full text) blind screening Medline, CINAHL, Female adults (ages >18) PsycINFO, Embase, Data Synthesis guided by Diagnosis of OC, any stage, Scopus, ProQuest & Web Thematic Synthesis ³ incl. fallopian tube & of Science (up to Quality Appraisal: CASP peritoneal cancers 9/12/2022) checklist & GRADE-CERQual

PRISMA 2020 FLOW DIAGRAM

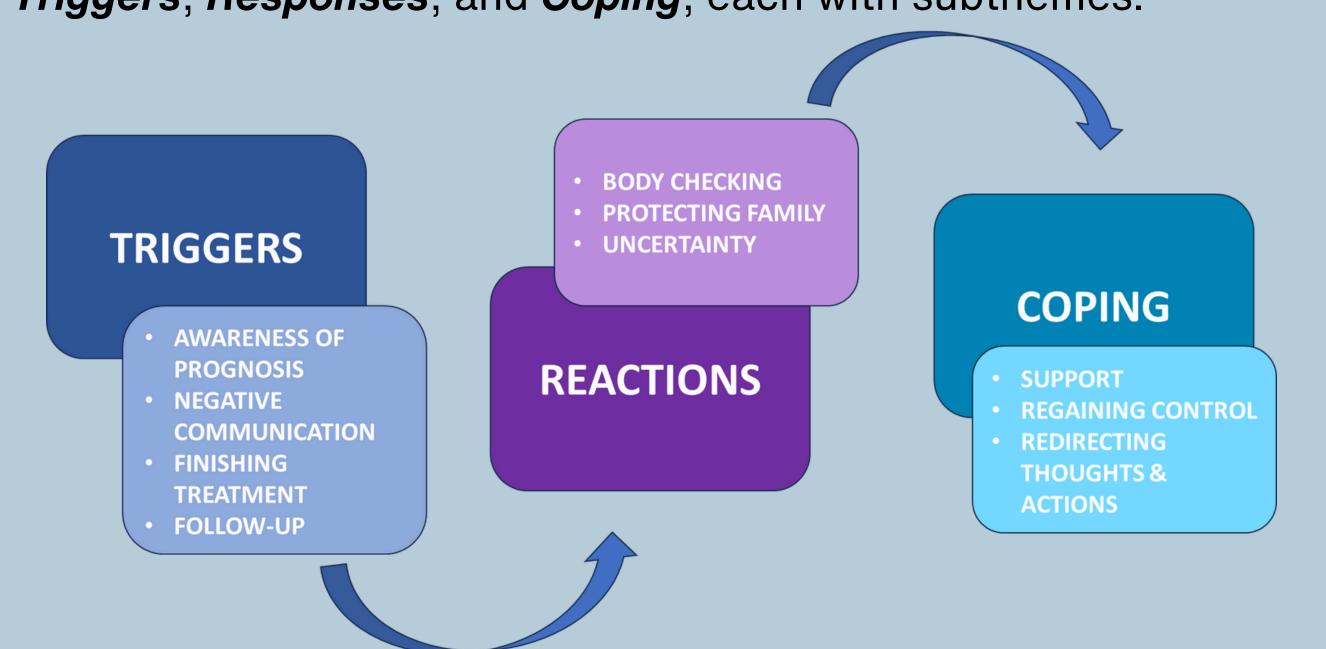


OBJECTIVES

Identify, appraise, and synthesise all available qualitative research exploring experiences of FCR in women with OC.

RESULTS

Three themes were developed from synthesis of 22 reports: Triggers, Responses, and Coping, each with subthemes.



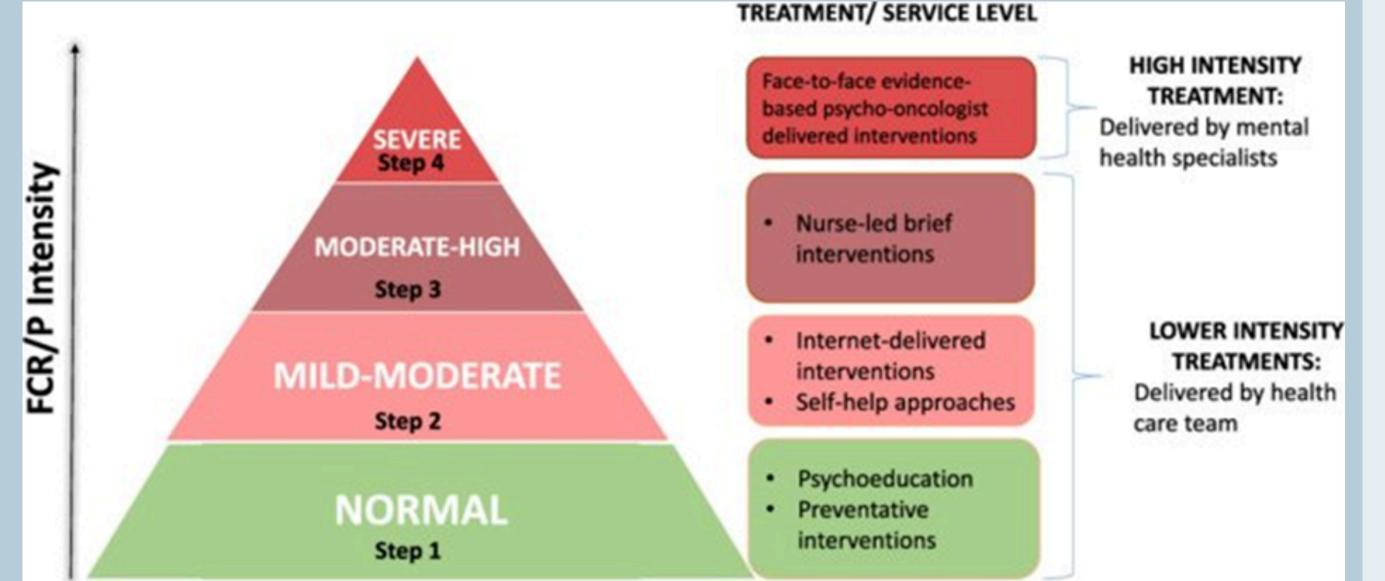
DISCUSSION

- The key findings are consistent with a validated blended model on FCR, based on the Common Sense Model (CSM), Uncertainty in Illness middle-range nursing theory and cognitive theories of worry.
- This QES adds a new interpretation to current theoretical understanding of FCR = Viewing cancer as a chronic illness helped women to cope with FCR.



IMPLICATIONS FOR PRACTICE

- Oncology nurses are in a unique position to provide lowintensity FCR interventions.
- As described in this stepped care FCR model, mild-moderate levels, which require minimal specialist therapist involvement, could be delivered by oncology nurses.9



CONCLUSION

As the first known QES on FCR in women with OC, the findings provide HCPs with a deeper understanding of the complex nature of FCR and the various coping methods used. The findings also explore the vital role oncology nurses can play in helping women identify and manage their FCR.

A full report of this study has been published:

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