The end of cancer treatment is supposed to be a joyous accomplishment; however, people completing treatment find that they struggle with a fear that cancer may return. We call this “fear of recurrence.” Fear of recurrence is considered to be completely normal unless it is interfering with your everyday life.

So, whether fear of recurrence is negatively impacting your daily life or not, we would like to provide some tools that will help you become more aware of your feelings and how they affect you, as well as help you cope with fear of recurrence.

This section will:

- Provide you with tools to help you identify areas of your life that you have control over and areas that are out of your control.
- Help you to identify some of your emotions regarding your cancer survivorship and give you tools to help control those emotions.

Check your knowledge about fear of cancer recurrence:

- Check what you know about fear of recurrence before you review this section.
- When you are done with this section, please complete this same test again. (A second copy and answers are located at the end of this section.)
- You will then be able to compare your answers and see how much you have learned.

Directions: Please select the answer (True or False) which you believe to be correct.

<table>
<thead>
<tr>
<th></th>
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<tr>
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<tr>
<td>5. Increasing my activity levels can help reduce my fear of cancer returning.</td>
<td>T</td>
<td>F</td>
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Directions: Inside the circle, please list all of the things in your life that you believe you have control over regarding your cancer recurring. On the outside of the circle, please list all of the things you believe are out of your control about your cancer returning. For example, you do have control over your diet, while you do not have control over how often your doctor wants to see you for follow-up appointments.

Diet

- How often my doctor wants to see me for follow-up
EMBRACE Your Journey
Managing Fear of Recurrence

Control versus Non-Control:

Directions: Please review your circle and then answer the questions below:

1. How do I feel about the parts of my life that I can control?
   ................................................................................................................................................
   ................................................................................................................................................
   ................................................................................................................................................
   ................................................................................................................................................

2. Did I forget to write down anything that I can control?
   ................................................................................................................................................
   ................................................................................................................................................
   ................................................................................................................................................
   ................................................................................................................................................

3. What does my family say when I show them my circle?
   ................................................................................................................................................
   ................................................................................................................................................
   ................................................................................................................................................
   ................................................................................................................................................

4. What do my friends say when I show them my circle?
   ................................................................................................................................................
   ................................................................................................................................................
   ................................................................................................................................................
   ................................................................................................................................................

5. How do I feel when I think about the items I cannot control?
   ................................................................................................................................................
   ................................................................................................................................................
   ................................................................................................................................................
   ................................................................................................................................................

6. How do I handle my feelings about the items I cannot control?
   ................................................................................................................................................
   ................................................................................................................................................
   ................................................................................................................................................
   ................................................................................................................................................
EMBRACE Your Journey
Managing Fear of Recurrence

Please take a few minutes to think about the questions on the previous page. Many cancer patients say that they get anxious or nervous when they think about the parts of their lives they cannot control. The next few pages will provide suggestions about how to manage the feelings you can have about what is out of your control.

Managing Your Anxiety Symptoms
When you feel anxiety because issues related to your cancer are out of your control, there are some simple things you can do to help feel less anxious.

Deep Breathing
Many people believe they already “know how” to breathe deeply. In truth, most of us never learned to breathe deep, cleansing breaths. Deep breathing can allow a person to feel calm and less out of control. However, it takes practice:

1. Get into a comfortable position. You can be sitting up or lying down. Place your hands just below your rib cage above your belly button on your stomach. When people are breathing in a deep, relaxed manner, their stomach goes up and down with their chest. By placing your hand here, you can feel your stomach move up and down with your deep breathing.

2. Breathe in slowly and steadily through your nose until your stomach rises with your breath and your lungs are full of air.

3. When your lungs are as full as you want, hold your breath for the count of three and then very slowly let the air out of your lungs through your mouth. Make a small opening with your lips so you can hear your breath.

4. Repeat steps 2 and 3 for 10 minutes.

5. When you feel you have learned to breathe deeply you can use three deep breaths to help control your anxiety whenever you feel anxious. This method is very simple—but it is also extremely effective.
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Guided Imagery

This exercise is a form of meditation.

1. Get comfortable and use three deep breaths to relax.

2. While breathing deeply, imagine yourself in one of your favorite relaxing locations.
   a. For example: sitting under your favorite tree on a warm spring day.
      i. Try to use all of your senses (sight, hearing, taste, touch, and smell) while imagining being in your favorite place
   b. For instance: you might imagine seeing a beautiful blue sky with fluffy white clouds; hearing a bird chirping, tasting your favorite summer drink; feeling a warm spring breeze, and the smell of newly cut grass or spring flowers.
   c. Continue adding as many details as you can to your scene while you are engaged in deep breathing.
   d. Spend 10-15 minutes imaging your favorite relaxing location. When you are finished with your guided imagery meditation, take three more deep breaths and open your eyes slowly.
Now that you have completed this exercise, you should be more aware of the areas in your life that you can control. Please see some additional suggestions below:

1. Follow your Survivorship Care Plan specific for you.
   a. How often you will see the doctor?
   b. What test(s) do you need before your follow-up appointments?
   c. When do you talk with your doctor about symptoms you may experience?
   d. Which signs and symptoms should you look for?
   e. Which other medical specialists should you follow up with?

2. Physical Activity and Nutrition
   a. Identify ways to increase your activity with attainable goals.
   b. Educate yourself about nutrition that is right for you and your condition.

3. Financial and Legal
   a. Attend to the financial concerns that often arise for cancer patients.
   b. Attend to the legal concerns that you might have discovered during treatment (for example, completing a power of attorney or living will).

4. Family and Friends
   a. Make a list of your support system.
   b. Plan social activities regularly to make sure that you always have something to look forward to.

5. Community and Faith
   a. Look for cancer survivor events in your community and attend them.
   b. Find ongoing support groups or social events that suit you.
   c. If after your experience you want to contribute to the community, look for opportunities to volunteer at a local hospital or agency.

6. Education
   a. Learn about the symptoms of anxiety and depression and talk with your doctor if you think they may apply to you.
   b. Learn about various stress reduction methods.
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Personal contract for controlling your fear of recurrence

Finally, make a contract with yourself regarding how you will engage in fear of recurrence reduction activities. Place a check mark next to each statement that you are going to follow or put your own statement in the blanks provided.

1. I will try to focus my thoughts on the following things I can control.
   
   ______ I will focus my attention on my physical activity.
   ______ I will focus my attention on my nutrition.
   ______ I will focus my attention on reducing my stress levels.
   ______ I will focus my attention on communicating with my medical team.
   ______ I will focus my attention on volunteering my time to special causes.
   ______ I will focus my attention on ______________________________________
   ______ I will focus my attention on ______________________________________
   ______ I will focus my attention on ______________________________________
   
   I will evaluate my progress on ________________ (date).

2. I will try to use the following techniques to assist me with my feelings associated with things that are out of my control.
   
   ______ I will use deep breathing to reduce my anxiety.
   ______ I will use guided imagery to reduce my anxiety.
   ______ I will use ________________ to reduce my anxiety.
   ______ I will use ________________ to reduce my anxiety.
   ______ I will use ________________ to reduce my anxiety.
   
   I will evaluate my progress on ________________ (date).

Signed: ____________________________   Date: ________________
EMBRACE Your Journey
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Check your knowledge about fear of recurrence:

- Now that you have completed this section, you can check your knowledge about fear of recurrence and cancer survivorship.
- After finishing the test, you can also compare your answers to your previous assessment and see how much you have learned.
- Answers are provided at the end of this section.

**Directions:** Please select the answer (True or False) which you believe to be correct.

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**Directions:** Compare your test answers to the correct answers listed below.

1. F
2. F
3. T
4. F
EMBRACE Your Journey
Managing Fear of Recurrence

5. T