

Conference Abstracts

Fear of cancer recurrence among women with Breast Cancer: A cross-sectional study

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Background

Fear of cancer recurrence (FCR) is a common psychological concern among breast cancer survivors. Understanding the contributing factors may help guide supportive care strategies. We aimed to identify the prevalence of FCR in breast cancer women after the end of treatment and associations between demographic, medical, and psychosocial factors.

METHODS

A cross-sectional study was conducted, including women previously treated for early-stage breast cancer (Stages I-III) and followed up at the department of medical oncology in Habib Bourguiba University Hospital.

RESULTS

1. women were included. The mean age of participants was 54.8 years, with 69% being over the age of 50. Most of the patients (67.9%) were originally from Sfax, and 84% were married. Thirty-three women were classified as having low socioeconomic status. The median follow-up period was 60 months (range: 1-252 months), with 84% of patients having been followed for more than two years. Overall, 44.4% of women experienced FCR. The most frequently reported fears included anxiety before medical appointments or imaging tests (39.5%) and fear of becoming dependent on strangers for daily activities (29%). A shorter follow-up (<5 years) was significantly associated with higher levels of FCR (58% vs 41.9%; $p=0.005$). Similarly, pre-existing anxiety or depressive symptoms were strongly associated with increased FCR (61.3% vs. 38.6%, $p < 0.001$).

Other factors, such as living far from healthcare facilities, low perceived social support, absence of family support, having a family history of cancer, and low socioeconomic status, were also associated with higher FCR. However, these associations were not statistically significant.

CONCLUSION

This study highlights key predictors of fear of recurrence among breast cancer survivors. Systematic screening for FCR during oncologic follow-up could help identify women at greater

risk of elevated FCR and support the early interventions to improve survivorship outcomes.
integration of targeted psychological