

# Fear of Breast Cancer Recurrence in African-American and Caucasian Breast Cancer Survivors

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**Problem.** Fear of breast cancer recurrence is a concern for 55-90% of long-term breast cancer survivors.

**Background.** Fear of recurrence is recognized as a prevalent and long-term psychosocial consequence of surviving cancer. Breast cancer survivors often identify more than one worry about what a recurrence might threaten in their health, work, and family function (Vickberg, 2001, 2003; Ziner, 2008). Although more research has been conducted with Caucasian breast cancer survivors, less is known about the nature of fear of recurrence worries in African American breast cancer survivors.

**Purpose.** The purpose of this study was to compare fear of recurrence and worries related to thoughts of recurrence between African-American (AA-BCS) and Caucasian breast cancer survivors (C-BCS).

**Theory.** Emotion theorist, such as Lazarus (1991) suggest that fear is an emotional response to an identifiable object, thought or event that is perceived as harmful.

**Methods.** This is a secondary analysis of a larger study comparing quality of life of AA-BCS and C-BCS using a cross-section survey design.

**Sample.** Female breast cancer survivors ( AA-BCS N = 62, C-BCS N = 72) who were 2-10 years post treatment.

**Measures.** Concerns about Recurrence Scale (CARS) Vickberg (2003) is a scale with 30 Likert-type items and 5 sub-scales: Fear of recurrence Index (overall fear frequency, intensity and consistency). Four (4) subscales of what BCS worry about: Health worries, Role worries, Womanhood worries, and Death worries.

**Validity.** Content analysis of focus group data (N=21) AA-BCS showed that no changes were recommended in the CARS. (Russell, Personal communication)

**Reliability.** The CARS and subscales were found to have Good to adequate Cronbach's alpha<sup>2</sup> for AA-BCS and C-BCS. Specifically, FRI = .92 AA-BCS, .90 C-BCS, Health worries = .93 AA-BCS, .92 C-BCS, Role worries = .75 AA-BCS, .87 C-BCS, Womanhood worries .89, AA-BCS, .90, C-BCS, Death worries .81 AA-BCS, .92 C-BCS.

**Analysis.** ANCOVA was used for analysis controlling for age, time since diagnosis, income, marital status, years of education and body mass index.

**Results.** Fear of recurrence Indexes between AA-BCS (mean 9.8) and C-BCS (mean 11.5) were not statistically different ( $p = .199$ ). Health worries (AA- BCS mean 1.1, C-BCS mean 1.6,  $p = .018$ ), Role worries (AA-BCS mean .8, C- BCS mean 1.2,  $p = .05$ ), and Death worries (AA- BCS mean 1.3, C- BCS mean 2.2,  $p = .01$ ) were significantly different between AA-BCS and C-BCS. Womanhood worries were not significantly different.

**Conclusions.** AA-BCS and C-BCS were equally afraid of a recurrence. Except of womanhood worries, AA-BCS had lower mean health, role and death worries than C-BCS.

**Implications.** Understanding the underlying worries related to overall fear of recurrence can lead to more focused and perhaps effective nursing intervention for AA-BCS and C-BCS.