

UNIT 4

Living with the Risk of Recurrence

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QUICK OVERVIEW:

- The risk of cancer recurrence is different for each cancer survivor. The type of cancer, the form of treatment, as well as how long it has been since treatment was completed can influence the risk of recurrence.
- Uncertainty of illness in cancer survivors has been described as the “fear of recurrence”. Feelings generated by uncertainty include anxiety, fear, anger, wonder, frustration, helplessness, curiosity, hope, and depression.
- Fear about recurrence is normal and very common amongst cancer survivors, especially during the first several years after completing treatment.
- There are three types of cancer recurrence: local, regional, and distant
- Cancer survivors may forget that it is still possible to get common physical illnesses like a cough, cold, or a common ache. Most symptoms are not related to cancer. Anytime there is a concern about their health beyond common physical illnesses, cancer survivors should be encouraged to call their health care provider.
- Cancer survivors should be aware of symptoms to report to their primary care provider.
- Many health care providers operate by the “two-week rule”: any pain or symptom that goes away in less than two weeks is not usually something to worry about (www.livestrong.org, 2009).
- If a recurrence of cancer happens, mortality is not imminent. The cancer survivor may require short-term treatment to eliminate the recurrent disease. For others, cancer recurrences become more like a chronic disease that requires treatment intermittently. This allows people with cancer to enjoy good quality of life, control symptoms, and potentially survive longer.
- It is the health care team’s role to help cancer survivors understand what they are experiencing when they present with new symptoms.
- Finding a way to have hope will assist people to begin to think about “living with” cancer, instead of “dying from” it. The process is very individualized.

INTRODUCTION:

For the person dealing with cancer, the flurry of activity surrounding cancer treatment has kept them preoccupied for months and, in some cases, years. The end of cancer treatment often brings a celebration with a sense of relief that treatment is over and hope that the cancer is gone. During recovery, cancer survivors may find the need to transition to a new normal. Cancer survivors often say “life will never be the same after cancer” (From Cancer Patient to Cancer Survivor: Lost in Transition, 2005).

Many cancer survivors struggle with survivorship. They might have felt very cared for and supported along the way through treatment by their health care providers. While undergoing treatment people with cancer feel they are actively fighting their disease. When active

treatment, regular visits and “hands on” care by the health team are finished, people often feel their “safety net” has been lost, they may feel alone, or vulnerable. They may wonder who will give reassurance, provide comfort, answer their questions, and monitor their health. “Fear can be a constant companion. It’s difficult to take charge of your life if you’re always looking over your shoulder” (Magee, Sherri, & Scalzo, 2007, p190).

Fear about recurrence is normal and is very common amongst cancer survivors especially during the first several years after completing treatment. Although the fear does ease with time, it may not go away completely; or it may move to the background of daily life. “The passage of time reinforces the point that life without cancer does exist. It is also important to realize that a recurrence does not mean certain death. Many people who have been dealt a recurrence are alive and well today” (Magee, Sherri, & Scalzo, 2007, p190).

The uncertainty associated with cancer recurrence is an important issue for survivorship. Nurses are ideally situated as members of the healthcare team to provide long-term follow-up and assessment of people with cancer (Curtiss et al. 2006; Boyle, 2006). The nursing care of cancer survivors needs to include comprehensive assessment and evidence-based care plans that focus on the long term physical effects of cancer treatment, identifying cancer recurrence, or the development of secondary cancers as well as the complex psychosocial sequelae of living through life threatening illness (please also see Unit 3: Late Effects of Cancer Treatment and Unit 8: Psychosocial Health and Wellbeing). Nurses should also take the opportunity to focus on risk reduction, cancer prevention, and maximizing well being as part of on-going follow-up (please also see Unit 10: Risk Reduction Activities).

What does recurrence mean?

A recurrence of cancer happens when the treatment given did not kill or remove all of the cancer cells. Often cells that have not been eradicated by treatment are too small to be detected by diagnostic imaging tests. With time, these cells eventually begin to grow and become large enough to be detected clinically or by a diagnostic imaging or laboratory test. Often the health care team will discuss risk of recurrence with cancer survivors. This may be done in broad terms or might include a discussion about the statistics or chances that the cancer may return. Some people find this information reassuring while others find it unsettling or anxiety provoking. Oncology health care teams need to work together to understand how (and if) each patient wants to receive such information.

The use of the term “cured” in relationship to cancer may not hold the same meaning between the health care provider and cancer survivor. The cancer survivor more likely views his/her condition as cured as part of a coping effort instead of in the scientific context, which is based on bio-physiological data. For some cancers, there is a “five-year” period where if there is no sign of recurrence, patients are considered cured. For other cancers, like breast cancer, there is no time frame to say someone is cured (Ganz, 2001; Boyle, 2006).

Types of Recurrence:

Local recurrence	When the cancer recurs in the site where the cancer started initially.
Regional recurrence	When the cancer recurs in the lymphnodes near the site of origin.
Distant recurrence	When the cancer recurs far away from the site of origin, also called metastases. If the cancer metastasizes, it is the same type of cancer as the cancer of origin. For example, breast cancer that has spread to the bones is still breast cancer not bone cancer.

Cancer Site of Origin	Common Site(s) of Metastasis
Bladder	Prostate, uterus, vagina, pelvic wall, abdominal wall
Bone	Lung, other bones, bone marrow
Brain	Other parts of the brain, spinal cord
Breast	Bone, lung, liver, brain, skin
Cervical	Bladder, rectal wall, liver, GI, lung, pelvic wall
Colorectal	Liver, lung, bone, brain
Esophageal	Organs
Hodgkin's	Lung, liver, bone marrow
Kidney	Lung, bowel, pancreas
Laryngeal	Neck, trachea, thyroid, esophagus
Leukemia	Does not spread
Liver	Bone, lung
Lung	Brain, other lung, bone, liver, adrenal gland, kidney
Melanoma (skin cancer)	Lung, brain, liver, small intestine, bone
Multiple Myeloma	Bone
Non Hodgkin's Lymphoma	Lung, liver, bone marrow
Non Melanoma Skin Cancer (Basal cell, Squamous cell)	Usually doesn't spread; brain, lung
Oral	Neck, lymph nodes, lungs
Ovarian	Liver, lung, peritoneal carcinomatosis
Pancreatic	Liver, peritoneal cavity, liver
Pleural Mesothelioma	Other lung, liver
Prostate	Bone, liver, lung
Stomach	Liver
Testicular	Liver, lung
Thyroid	Lung, trachea, esophagus, larynx, bone
Uterine	Bladder, bowel wall, intra-abdominal, inguinal lymph nodes

When Recurrence Happens:

Cancer survivors may face a recurrence during their lifetime and realize that a cure may not be possible. They have already experienced cancer treatment and preparing for treatment again may become difficult depending on past experience. Identifying how a person coped at the time of initial diagnosis can become an early part of the nurse's assessment. Nurses and other health care providers will need to present a treatment plan that communicates a continued commitment to the cancer survivor while reinforcing hope to help maintain emotional balance. The nurse has a key role in talking to patients about their coping while reinforcing teaching about the disease, treatment, and side effects (Gorman, 2006).

Applying the CANO/ACIO Standards and Competencies

Practice Standard: Comprehensive Health Assessment

Competency:

Regularly assessing and monitoring for potential acute and chronic physical changes to the individual's response to illness using focused assessment tools.

Practice Standard: Supportive and Therapeutic Relationships

Competency:

Understanding the cancer experience and the different needs, feelings, fears, concerns and losses that the individual/family may encounter as part of the cancer journey and being able to discuss them comfortably with the individual/family.

LITERATURE REVIEW:

There is a growing body of literature to support how implementing certain lifestyle behaviors (e.g. exercise and diet), may be of benefit and possibly prevent a cancer recurrence (refer to Unit 10: Risk Reduction Activities). Nurses have a role in teaching cancer survivors about survivorship and helping them to cope with their fear of recurrence. The literature also supports survivorship care plans that offer information and answer some of the questions that many patients may have after cancer (refer to Unit 2: Models of Care After Treatment for Cancer). Questions that typically surface during recovery and survivorship include:

- How will I know if the cancer comes back?
- Where is the cancer likely to come back?
- Is there anything I can do to prevent the cancer from coming back?
- What tests do I need to ensure the cancer has not recurred?
- How often should I be seen by my doctor?

It is very important for nurses to provide answers to these and other questions. By knowing what to expect after treatment, cancer survivors can be encouraged to make plans, lifestyle changes, and important decisions regarding their health care. This in turn can foster a sense

of control in their cancer survivorship. Healthcare providers have long been challenged to better understand the meaning of the cancer experience for patients (Carroll-Johnson, 2006, Vachon, 2008). Gaining insight into the experience can be facilitated through periodic assessment of uncertainty along the cancer trajectory and promotion of cognitive control (Gil et al, 2006; Penrod, 2001).

For some, fear and anxiety can surface for multiple reasons (e.g. during times of follow-up visits, tests, near anniversary dates, or hearing about someone who has been diagnosed with cancer). Fear can also be an issue when the person experiences lingering treatment side effects or develops delayed treatment effects.

Uncertainty in Cancer:

The appraisal of uncertainty about recurrence by cancer survivors can be viewed as either a threat or an opportunity (Lazarus & Folkman, 1984). Viewing uncertainty as a threat may lead to anxiety and worry about one's health or that the cancer will return. The emotional distress associated with cancer survival has been identified as a consequence of uncertainty (Adams, 1991; Carter, 1993; Cava, 1992; Dow, 1991; Ferrell, Dow, Leigh, Ly, & Gulasekaram 1995; Gambosi & Ulreich, 1990; Mast, 1998; Nelson, 1996; Northouse, 1981)

Uncertainty is defined as a cognitive perceptual state that ranges from a feeling of just less than surety to vagueness; it changes over time and is accompanied by threatening and/or positive emotions (Hilton, 1994). It includes uncertainty generated by the assessment of the individual's situation and coping responses, as well as how to cope with uncertainty.

Uncertainty is:

- Not being able to foretell the future
- A lack of clarity about the present
- Being in doubt
- Being undecided because things are not definite, clear cut, or determined
- Not being able to rely, count, or depend on someone or something, and
- Having a sense of vagueness about what to do, expect, know, and ask

The role of the nurse in diminishing uncertainty and fostering hope for the future in people with cancer is an area that demands attention (Penrod, 2001; Wonghongkul et al, 2000). Research in nursing and other allied health domains has examined uncertainty and fear of cancer recurrence (Gil et al, 2006; Hilton, 1994; Mishel, 1997). The Mishel Uncertainty in Illness Scale (MUIS) (1981) is the tool used most notably in nursing research to measure uncertainty. A cancer survivorship version (MUIS-S) is applicable for study about knowledge domains related to living with long-term treatment side effects and fears of recurrence (Gil et al., 2006).

In a sample of women who were five to nine years post-treatment for breast cancer, Gil et al., (2006) demonstrated benefits when implementing strategies for uncertainty management.

Strategies included cognitive reframing, problem solving, and providing information about long-term treatment side effects. (Gil et al., 2006).

Cancer survivors may experience a range of feelings associated with fear of recurrence similar to uncertainty, including anxiety, depression, anger, lethargy, disappointment, grief, isolation, and loneliness.

Five issues that contribute to fear of recurrence may include:

- Fear of death
 - Fear of dying
 - Mortality
 - Vulnerability
 - Questions about the purpose of life
- (Shaffer, 2006; Kaye, 1991)

Cancer survivors can put fears to rest and enrich their lives by coming to terms with the issues listed above. Kaye (1991) emphasizes that it helps to create a list of all the things that make a person feel vulnerable. She goes on to say that cancer is only one of many things on the list of vulnerabilities and this realization can help cancer survivors to shift their focus and appreciate that vulnerability is a fact of life for everyone, not just them.

Facilitating a Systematic Assessment:

Signs that a survivor might be experiencing fear of a cancer recurrence:

- Concern over minor symptoms which may represent cancer recurrence
- Fear of moving forward with life due to the worry of cancer recurrence
- Multiple calls to their health care provider regarding minor symptoms, requiring need for reassurance.

Questions to assess for fear of recurrence include:

- How much time do you spend worrying about your cancer coming back?
- How much time do you spend during the day thinking about your cancer coming back?
- How much time do you spend at night thinking about your cancer coming back?
- Describe your sleep patterns.
- Describe your appetite? Are you eating well? Do you have days when you don't feel hungry?
- How is your social life? How much time do you spend with family and friends?
- Are you spending quality time with friends and family or are you withdrawing from them?
- What activities do you enjoy these days? Has your enjoyment in them decreased recently?
- How is work/school? Do you have any issues functioning at work such as concentration?
- Describe a health issue that is worrying you now.
- How might we be able to help you manage your worries?

Priority content for Interventions and Patient Teaching:

Symptoms that cancer survivors should report to their health care provider include:

- Return of the cancer symptoms (e.g. a lump or new growth at the original cancer site)
- New or unusual pain that seems unrelated to an injury and does not go away
- Unintentional weight loss
- Bleeding or unexplained bruising
- A rash or allergic reaction, such as swelling, severe itching, or wheezing
- Chills or fevers
- New onset of headaches
- New shortness of breath
- Persistent cough
- Hematochezia
- Hematuria
- New masses or skin changes
- New nausea, vomiting, diarrhea, loss of appetite, or trouble swallowing
- Profound fatigue
- Swelling in an arm or leg
- Unusual symptoms that just can't be explained

(American Cancer Society, 2009)

It is recommended that the person with cancer talk with their health care provider about symptoms. Together, they might identify some of the reasons for the fears or uncertainty and try to decide if they are realistic or not. For example, a person with cancer may be worried about information that someone else has told them that is not accurate.

One suggestion that might be helpful when dealing with new symptoms that are unlikely to prove cancer related is to wait a few days and observe without panicking. If the symptoms continue, then call the health care provider; try to avoid assuming the cancer has returned unless there is evidence that there is cause for concern.

When to refer a cancer survivor for psycho-social support

When the fear of cancer recurrence is interfering significantly with quality of life, cancer survivors should be encouraged to seek professional support through social workers, psychologists, psychiatrists, mental health nurses, or spiritual care workers. The nurse can normalize the need for a referral by informing the cancer survivor that many people feel overwhelmed and struggle with their fears after cancer treatment.

Talking about uncertainty and fear of cancer recurrence and seeking support can be very helpful. Offering a comment such as:

I hear you say that you are feeling very overwhelmed with worry about the possibility of your cancer coming back. It sounds like this is interfering with your ability to enjoy your everyday life. Many people experience this. Often talking to someone can be very helpful and provide ways to cope with this fear. I can arrange for someone to call you or give you a name and number of someone to talk to. What do you think about this idea?

How to help cancer survivors cope with the stresses of cancer and find balance in life

To deal with fear of recurrence, it is useful to assist the cancer survivor to recognize it and gradually to learn ways to control it. Some teaching strategies that nurses may be able to implement with cancer survivors include the following:

- Suggest that the person with cancer increases their awareness of when they experience the fear of recurrence by keeping track of the times and situations in which it occurs.
- Observe for patterns such as:
 - Does it happen only in medical settings?
 - Are there certain times of the day?
 - What triggers the fear of recurrence: reading or watching (TV, movies) something that refers to cancer?
 - Encourage patients to talk specifically about what they fear about recurrence (death, more treatment, a particular side effect) in order for the health care team to provide focused support

Fear of recurrence can also be expressed in positive ways. Although cancer survivors may find that they no longer have control over their body or daily life, it may be possible to find ways for them experience control in many parts of their lives:

- Attending regular medical follow-up appointments.
- Some people find it helpful to join a support group and talk to others who have lived the cancer experience.
- Some cancer survivors may benefit from counseling. The person may request that the nurse or health care provider refer the person to a social worker, psychologist, psychiatrist, or another helping professional.
- Looking for information and seeking support.
- Adopting new risk reducing behaviors such as an exercise routine, healthy eating habits, and cancer screening programs.
- Physical and other stress reducing activities, such as yoga, meditation, or tai-chi.

As a survivor author Ronnie Kaye suggests that as normal check ups come and go fear and apprehension will likely begin to wane until it reaches manageable levels or even disappears (Kaye, 1991).

Cancer as a chronic illness

Depending on the type of cancer, the nurse may consider a discussion with cancer survivors about the concept of “cancer as a chronic disease” (Curtiss, 2006; Rowland, et al, 2001). It is important to clarify whether there is agreement in the point of view between the cancer survivor and the health care professional. Many types of cancer, which were once considered terminal, are now thought of as chronic, and are similar to other chronic illnesses (Rowland et al, 2001). In addition, some types of cancer might present with periodic relapses and remissions. The cancer condition meets the criteria of chronic illness, as defined by the 1956 Commission on Chronic Illness, if a long period of observation, supervision, or care is required (Strauss et al. 1984).

Follow-up visits

Follow-up care allows cancer survivors to have their health monitored as well as their issues and concerns addressed. Recommendations for cancer follow-up care vary for the different types of cancer. People diagnosed with cancer may have several health care providers involved in their care. The goal generally is for cancer survivors to see at least one health care provider every three to four months during the first few years after cancer treatment is completed and then once or twice a year thereafter (refer to Unit 2: Models of Care for Follow Up After Treatment for Cancer).

The following should be included at a follow-up visit by the health care provider:

- Update history (physical, family/social, medication)
- Assess and address any lingering treatment related side effects or any late effects that may have developed (refer also to Unit 3: Late Effects of Cancer Treatment)
- Assess for signs of a recurrence and perform a physical exam. Depending on the type of cancer, blood work, diagnostic imaging, or other investigations may be required. Although many health care providers monitor their patients at different time intervals, there are attempts to set more formalized follow-up guidelines both provincially and nationally.

The role of the nurse:

- Understand that issues for cancer survivors will vary depending on their type and stage of cancer, age, life circumstances, family history etc.
- Remember that people will experience cancer differently. Some will recover faster (both physically and emotionally) than others
- Assess cancer survivors and their families for fear of a recurrence on an ongoing basis and refer them to supportive care practitioners as appropriate
- Listen for cues that fear of cancer recurrence is a concern
- Validate the person’s feelings
- Provide information on what to expect physically and emotionally after cancer treatment

- Help cancer survivors be aware of the normal follow up recommendations specific to them - individualize the cancer survivorship care plan (see unit 2: Models of care/ survivorship care plans)
- Encourage cancer survivors to attend follow-up appointments and participate in recommended surveillance and screening
- Advocate for cancer survivors so that their concerns are heard

Nurses support and advocate for cancer survivors to:

- Acknowledge their fears
- Know that they are not alone
- Seek help/ talk about their fears to family, friends, and professionals; join a support group, etc.
- Learn what they can about their disease, recovery and what they can do to stay well.
- Learn what resources are available to provide support and ease recovery
- Take control of what they can such as lifestyle behaviors such as healthy eating, regular exercise, quality sleep, stress management, smoking cessation, and limiting alcohol consumption (see Unit 10: Risk Reduction Activities)
- Offer support when a cancer recurrence does occur.

Please refer to Unit 8: Psychosocial Health and Wellbeing for more information.

Learning Activities: Case Studies

A.J. is a 45-year-old woman who was diagnosed two years ago with Stage 3 breast cancer. Her treatment plan consisted of neo adjuvant (pre-op) chemotherapy surgery (lumpectomy), followed by radiation therapy. She is now taking hormone therapy. A.J. is married with good support from her husband. They have two children, a 21-year-old daughter and an 18-year-old son. A.J. has worked as a social worker for 15 years at a local community clinic. She took care of her father when he was diagnosed with lung cancer. Her father died of lung cancer three years ago.

During her treatment for breast cancer A.J. experienced an episode of febrile neutropenia and on going struggles with nausea related to chemotherapy. She managed her nausea with anti-emetics and mitigated the risk of further febrile neutropenia through self-administered granulocyte colony stimulating factors (G-CSF) injections. She remained calm during her treatments of chemotherapy and radiotherapy. She seldom requested assistance.

Four months after the end of her treatment, the nurse did a follow-up telephone call. A.J. reported that she cries often, has ongoing fatigue, sleeps eleven hours every night, and is trying to adjust emotionally to all that has happened. She acknowledged that only after her treatment ended did she begin to grieve her losses, including her father's death, and her own challenges related to her own cancer diagnosis. She identified that she has always tried to remain strong for her family and friends but now has no energy to do anything that she was

used to doing. She shared that she does not wish to return to her work because she fears talking to clients who might have a cancer diagnosis. In six months she will start back to work on a part time basis. She has a follow-up appointment with her oncologist in two months and is very fearful that test results will show that her cancer has returned.

- What are some interventions that might have been offered to help her deal with fears related to cancer recurrence?
- What are some interventions that you might wish to consider during the telephone call?

J.A.'s Story

J.A. is a 43-year-old woman who has Stage 3, lymph node negative, estrogen receptor negative, HER2 negative, BRCA 1 positive breast cancer. She was treated with a mastectomy, chemotherapy, radiation therapy, prophylactic bilateral oophorectomy, and a prophylactic contra lateral mastectomy. She was not a candidate for breast reconstruction due to pre-existing medical conditions. She is left to wear bilateral prostheses. She is disappointed by this and has tried to rationalize that, "this is just how it has to be". All through her journey J.A. has reached out to her nurse for information and support. She has also accessed support from a social worker.

J.A. has remained very anxious through every step of her breast cancer experience. She worries about her cancer coming back every day. She has tried several medications for her anxiety/depression and she is not able to tolerate them. J.A. is 9 months from completing chemotherapy and 3 months since her last surgery. She has developed an over-riding concern regarding every symptom or discomfort that she feels. This is disrupting her sleep and has become all-consuming.

J.A. is planning to return to work very soon. She had just started a new job a week prior to her diagnosis. Therefore, she has no sick benefits and she has mounting stress about financial issues.

While trying to strengthen and recondition herself by using her treadmill she has noticed she has low back/pelvis pain. It has been lingering for a month now. She saw her primary health care provider and is now being sent for a bone scan. She calls the nurse in a state of panic. She is afraid that the bone scan may show that her cancer has returned. She says that maybe it is from her intense workouts. She wonders if she really needs the bone scan but in the same breath says if she doesn't have the scan she will drive herself crazy with the fear of the unknown.

- What questions would you consider in your assessment when you speak to J.A.?
- What are some interventions that can be provided at the time that treatment ends?
- What outcomes would you expect from your interventions?

Discussion about A.J.'s Story

Interventions to offer to prepare A.J. for dealing with fear of recurrence:

- Assess how A.J. is dealing with her father's death
- Assess her coping abilities/strategies
- Assess family support
- Assess family members' reaction to cancer diagnosis
- Education on expected late effects, (e.g. fatigue, psychological distress, lymphedema)
- Education on coping with uncertainty, (e.g. fear of recurrence and illness worry, especially at time of follow-up visits)
- Foster hope and sense of control

Possible interventions during your telephone call with A.J.:

- Explore her symptoms (e.g. fatigue, emotional distress, loss of control etc.)
- Acknowledge that she has losses to deal with that she might not have had time to deal with in the past
- Acknowledge that she needs time to adjust to her situation
- Assist her to identify goals that can reduce her uncertainty and increase her sense of control (e.g. keep a diary, reconcile her fears, find time for bereavement, continue follow-up visits)
- Remind to continue regular follow-up appointments with medical doctor
- Explore concerns of family members

Discussion about J.A.'s story:

Interventions to offer at the end of treatment:

- Assess J.A.'s coping abilities
- Assess her family support
- Encourage attendance to the survivorship program after treatment
- Ensure she has a copy of the booklet *Getting Back on Track – Life after Treatment* with follow-up guidelines available at her centre
- Ensure she is aware of the programs and services available to her
- Encourage her to continue getting support with the social worker
- Discuss with J.A. perhaps the need for a referral to a psychiatrist to discuss her anxiety as well as her inability to tolerate the medications tried by her GP
- Encourage her to attend follow up appointments with her doctors as scheduled and as needed.
- Education on expected late effects, e.g. fatigue, psychological distress
- Education on coping with uncertainty, e.g. fear of recurrence and illness worry, especially at time of follow-up visits
- Foster hope and sense of control

Interventions to consider during your call with her:

- Acknowledge J.A.'s feelings and worry.
- Assess J.A.'s current physical symptoms. Although it is important to help her cope with her anxiety and not create alarm, she may require assessment to rule out metastases as a cause for her pelvic/low back pain. Consider her risk of recurrence based on her original breast cancer presentation and the time since treatment when determining her current risk of cancer returning and craft a plan to evaluate the pain. A bone scan may be needed which could show both cancer and non cancer related causes for the pain.
- Ask if she has any questions related to her situation. Don't offer more answers that she is prepared for.
- Assess her coping strategies both past and present.
- Assess her sleep, appetite, ability to carry on with her usual routine, etc. Are things being impacted as a result of this new situation and how?
- Explore ideas around improving sleep, appetite, and coping.
- Explore her concerns about returning to work and what it might mean to her and her family (assuming she has a family)

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