CHIEF SCIENTIST OFFICE

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RESEARCH PROJECT BRIEFING

A pilot trial of the Mini-AFTERc intervention for fear of cancer recurrence

AIMS

The aim of this controlled pilot trial was to investigate the acceptability and feasibility of delivering the Mini-AFTERc intervention in every day clinical practice. The Mini-AFTERc was designed, using psychological techniques, to reduce high levels of recurrence fears in patients to more manageable levels. Additionally, the purpose of this trial was to collect the necessary data required to inform the next stage of the research, namely the development of a full cluster-randomised controlled trial.

KEY FINDINGS

- Fear of cancer recurrence was a major issue for both breast cancer patients and specialist cancer nurses. The Mini-AFTERc intervention was found to be acceptable to both specialist cancer nurses delivering the intervention and breast cancer patients receiving it.

- Intervention delivery was feasible and successful. However competing systemic issues within cancer centres (e.g. high work load) may challenge the widespread implementation of the intervention without some changes. The trial has enabled the research team to identify suitable targets in the intervention delivery to assist with these competing issues.

- Trial recruitment, data collection and retention were possible and successful. Some variations and inconsistences in cancer treatment follow-up procedures within the participating cancer centres reduced the effectiveness of recruitment, therefore research protocols are needed to be tailored for individual cancer centres.

WHAT DID THE STUDY INVOLVE?

A controlled pilot trial ran in four NHS Scotland cancer centres. Two centres operated as intervention centres and two as control centres. Consenting patients were screened (using the FCR4 rating scale measure) for moderate fear of cancer recurrence (FCR) and eligible patients were recruited to the trial. At intervention centres, patients received the Mini-AFTERc intervention from consenting nursing staff, who had been trained in delivery of the intervention. At control centres, patients received usual end of treatment care. FCR was measured at 3 follow-up time points over 3 months. Upon completion, patient and nurse participants were invited to participate in an interview to discuss their trial experiences. A patient representative from the National Cancer Research Institute was an equal partner in the design, implementation and dissemination of this trial.

WHAT WERE THE RESULTS AND WHAT DO THEY MEAN?

Patient satisfaction with the Mini-AFTERc intervention was scored consistently high. When interviewed, patients believed that fear of cancer recurrence to be an important issue and were enthusiast about the Mini-AFTERc as part of routine treatment follow-up and participating in a full trial. As patients have similar qualities very often in the same unit (e.g. from inner city areas) we need to statistically adjust for these similarities to avoid the 'clustering' bias which is the coefficient called the intra-class correlation coefficient (ICC).

Specialist nurses believed the training to be a valuable addition to their skillset and believed the intervention to be appropriate and beneficial for patients, however competing service priorities and workload may challenge routine delivery of the intervention.

Screening for moderate FCR was uneventful. The 'clustering' effect of Unit (i.e. ICC) was very low. Recruitment was successful, however original targets were not met. Variations in follow-up processes within cancer centres delayed and reduced the effectiveness of recruitment, and it was halted prematurely by the national Covid-19 lockdown. Once recruited, retention rates of 75% completed final follow-up. Approximately ½ of the 100 patients were recruited. Even with these smaller numbers the Intervention patients reported a decrease in fear of cancer recurrence scores from baseline to final follow-up, whereas control group patients reported no difference.

WHAT IMPACT COULD THE FINDINGS HAVE?

- The findings of this pilot trial will be used to inform the development of a full randomised controlled trial, for which funding will be sought.
- Preliminary evidence suggests that the Mini-AFTERc intervention is effective for reducing fear of cancer recurrence, therefore implementation into routine practice may benefit patient wellbeing and enhance their cancer recovery.

HOW WILL THE OUTCOMES BE DISSEMINATED?

The outcomes of this research will be disseminated via peer-review publications, conference presentations and future funding applications. Three manuscripts reporting outcomes from this trial are already in preparation or under peer-review. Additionally, an abstract to present the outcomes of this trial has been accepted for the International Conference for Communication in Healthcare (ICCH) in April 2021. Various outcomes may also be also be incorporated into the intervention training programme and disseminated during training sessions.

CONCLUSION

This pilot work highlights that fear of cancer recurrence is an key issues for patients and specialist cancer nurses, and research attention on this issue is welcomed. The Mini-AFTERc intervention was well received and considered an acceptable approach by both the nurses delivering the intervention and the patients receiving it. This work also demonstrated that assessment of the Mini-AFTERc intervention within a controlled trial format is feasible, in terms of recruitment, intervention delivery and retention, however bespoke research procedures may be required to facilitate this due to the variability in treatment follow-up processes across cancer centres. A clustered RCT to test the intervention is being planned.

RESEARCH TEAM & CONTACT

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Additional Information

This project was completed on 31/07/2020 and received funding of £249,100