

Background: Due to advances in detection and treatment, over 65% of people diagnosed with colorectal cancer can expect to live for more than 5 years following treatment. Those living with colorectal cancer as a chronic illness are susceptible to a number of late effects such as, incontinence and fear of recurrence.

Aims: The aim of this study is to conduct a systematic review and qualitative synthesis to develop an understanding of the experiences of living with colorectal cancer as a chronic illness.

Methods: Electronic searches were conducted of online databases for peer-reviewed and grey literature. Included studies were qualitative and focused on the experiences of patients living with colorectal cancer as a chronic illness. Potential articles were independently screened by two reviewers against the inclusion criteria. All searches were undertaken in August 2018.

Results: In total, searching returned 3,274 potential articles of which 2,613 were included in the first sift. The first sift of titles and abstracts was completed in September 2018, with 185 papers going forward to the second sift. Preliminary results indicate that approximately 50 papers will be included in the final review. Full results are expected in February 2019.

Conclusions: At this stage of the review it is clear that there is a wealth of qualitative literature exploring individuals' experiences of living with colorectal cancer as a chronic illness. Furthermore, this literature covers a wide range of late effects of cancer which will provide us with a clearer picture of the ongoing impact of colorectal cancer.

Emotion-focused therapy for severe fear of cancer recurrence: The case of Tom

Susana N. Almeida^{1,2}; Eunice R. Silva¹; Robert Elliott³; Célia M.D. Sales⁴

¹Portuguese Institute of Oncology of Porto FG, EPE, Porto; ²ISMAI—University Institute of Maia, Maia; ³Counselling Unit, School of Psychological Sciences and Health, University of Strathclyde, Glasgow; ⁴Centre for Psychology at the University of Porto, Porto

Background: Fear of cancer recurrence (FCR) is a major concern for people surviving cancer and can severely affect their well-being, quality of life, and psychological functioning. Younger adults have been found to be particularly vulnerable to FCR. Emotion-Focused Therapy (EFT) is an evidence-based approach for the treatment of depression, trauma, interpersonal issues, and anxiety. This approach to psychotherapy is highly individualized since it follows the internal process of the client, proposing specific tasks for working with particular difficulties.

Aims: We aim to contribute to the evidence of the efficacy of EFT for severe FCR.

Methods: We present the case study of Tom, a 24-year-old man who asked for help for his high levels of FCR and debilitating anxiety and depressive symptoms. His psychological treatment consisted of 17 sessions of EFT. Outcome and process measures, including the *Personal Questionnaire* (PQ), CORE-OM and *Helpful Aspects of*

Therapy (HAT) form were used to monitor progress throughout therapy.

Results: By the end of therapy, Tom had shown significant improvements in his symptoms and well-being and had resumed his interrupted life projects. These changes were expressed in the different assessment measures, with reliable changes on the PQ and CORE-OM.

Conclusions: EFT has appeared to be efficacious in helping this young client with his high FCR. Rooted in the humanistic-experiential tradition, EFT strongly respects, emphasizes and works with individual meanings, values, and self-determination, providing a potentially valuable approach to this difficult human experience.

A large synthesis of qualitative papers on the prostate cancer experience

Carol Rivas¹; Lauren Matheson²; Johana Nayoan¹; Adam Glaser³; Penny Wright³; Anna Gavin⁴; Eila Watson²; Richard Wagland⁵

¹UCL, London; ²Oxford Brookes University, Oxford; ³University of Leeds, Leeds; ⁴Queen's University Belfast, Belfast; ⁵University of Southampton, Southampton

Background: Prostate cancer has good survival rates, hence men often live many years with the physical and psychological sequelae of the disease and its treatment. Surveys suggest they may have unmet healthcare needs.

Aims: We aimed to explore prostate cancer survivors needs through synthesis of the qualitative literature on the post-diagnosis experiences of men with prostate cancer.

Methods: We systematically searched seven electronic medical, sociological, and psychological databases, Jan 2000-March 2018, following PRISMA guidelines, for qualitative studies exploring prostate cancer survivorship, in English language peer-reviewed journals. Using modified meta-ethnography, we extracted, grouped, and synthesised first order (participant extracts) and second order (study author) constructs. Third order constructs (analyst's conceptualisations) and overarching conceptual "lines of argument" encompassed multiple articles.

Results: Synthesis of 133 papers produced seven third order constructs and four lines of argument: 1) Liminalities and uncertainties around being well vs. ill, the embodiment, and visibility of the cancer and treatment side effects, identity changes, and the temporality of life; 2) Gendered emotional coping, use of and attitudes to informal and formal support, with related issues of changing masculinities; 3) Issues of control related to physical control of the body, control of emotions, and taking back control of life and death to develop a "new normal"; 4) Negotiated staged transitions across these three areas took time.

Conclusions: Men with prostate cancer navigate change in their identity and physical and emotional selves, with varying degrees of success and through shifting gendered strategies. This gives clinicians several opportunities to offer support.