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## Targeting fear of recurrence: The advantages of assessing psychosocial attributes and psychological dispositions

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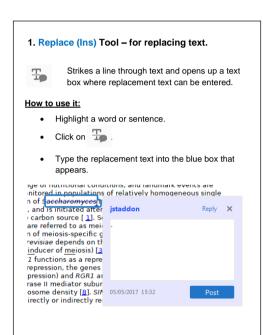


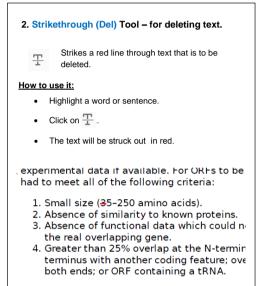


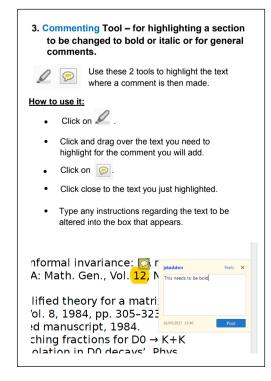




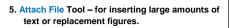








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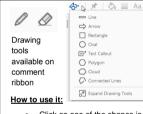
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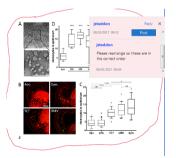
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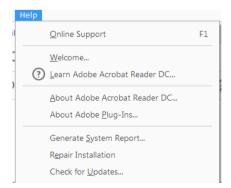
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# Targeting fear of recurrence: the advantages of assessing psychosocial attributes and psychological dispositions

DOI: 10.1111/bjd.19261

DEAR EDITOR, We found the randomized controlled trial of a brief psychological intervention targeting fear of recurrence in patients with melanoma by Dieng et al. very interesting. This intervention has been shown to be effective and its implementation in the routine care of patients with melanoma seems appropriate.

We have developed some considerations regarding this topic that we would like to submit to authors and readers. Fear of recurrence is not really a symptom of psychological morbidity, but rather an appropriate rational response to the actual fear of cancer recurrence. This becomes pathological when the intensity is enough to interfere with different areas of the patient's functioning, affecting their wellbeing and quality of life. As it is a personal reaction to a stressful event, it is closely linked to one's psychological disposition and psychosocial framework.

In our opinion, the inclusion of an investigation into some basic psychosocial attributes (e.g. family stressors, social support, socioeconomic background and access to resources) and psychological characteristics (e.g. personality traits, coping strategies, psychosomatic syndromes) could be an important part of the care path defined in the intervention modelling by Dieng et al. 1 We previously reported a high prevalence of psychological morbidity closely linked to maladaptive coping strategies, even among patients with melanoma in the early stages, and we claimed that there was a need to assess psychological characteristics and vulnerabilities. Firstly, this would allow for the collection of data that could be used to define clusters and identify subpopulations carrying highly specific subtypes of fear of recurrence and risk of developing distress during follow up. Secondly, a psychological assessment could form the basis for identifying key elements and information through which one could immediately orientate the brief telephone-based psychotherapeutic intervention, facilitating the psychologist in conducting the sessions while remaining strictly adherent to the salient themes, issues and concerns of that patient.

Given the high standards required and the limited human and economic resources in the public sector, it is important to recognize the role of standardized psychological assessment as part of the evidence-based practice movement.

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- 4 Tesio V, Ribero S, Castelli L et al. Psychological characteristics of early-stages melanoma patients: a cross-sectional study on 204 patients. Melanoma Res 2017; 3:277-80.

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