Breast Cancer Survivorship Program

Integration with Community Practice

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Western Health
Project Team

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**RMH/RWH**: Bruce Mann
Project Overview

Aim
Develop, implement and evaluate a comprehensive end of treatment survivorship care program for patients completing treatment for early breast cancer

Key Interventions
• Nurse-led consultations
• Survivorship package including pathology and treatment summary, health and wellbeing care plan, shared follow-up care pathway

Target Group
• Patients with early breast cancer or DCIS (ductal carcinoma in situ)
• 6 - 12 months post-diagnosis following completion of active treatment (+/- on hormone therapy)
VICTORIAN CANCER SURVIVORSHIP PROJECT
Breast Cancer Survivorship Project

Key project components

- GP engagement
- Consumer engagement
- Breast Care nurse-led consultation
- Follow-up care plan

Evaluation
## Follow-Up Care Plan

### Patient Name

### GP Details

### Diagnosis & History Summary

- **Diagnosis date:**
- **Age at diagnosis:**
- **Menopausal status at diagnosis:**
- **Family history of breast cancer (Y/N):**
- **Other pertinent medical conditions:**
- **Side:**
- **Histological diagnosis:**
- **Type:**
- **Size (mm):**
- **Grade:**
- **Nodal status:**
- **Oestrogen receptor:**
- **Progesterone receptor:**
- **HER2 receptor:**
- **Other receptors:**

### Treatment Summary

#### Surgery

- **Surgery date:**
- **Breast Surgery:**
- **Axillary Surgery:**
- **Surgeon name:**
- **Reconstruction (Y/N/Awaiting):**

#### Adjuvant Therapy

- **Radiotherapy Provider:**
- **Radiotherapy Field:**
- **Radiotherapy End Date:**
- **Chemotherapy:**
- **Biological Therapy:**
- **Hormonal Therapy Type:**
- **Planned End Date:**
- **Genetic Testing (Y/N):**

#### Investigations

- **Date of last mammogram:**
- **Bone density, date and result:**
- **Other:**

_Please attach a copy of the last mammogram result_

### Health and Wellbeing Management Plan

<table>
<thead>
<tr>
<th>Domain</th>
<th>Issues / Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Psychosocial / Mental Health</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Lifestyle</strong></td>
<td>(exercise / nutrition / weight / bone health)</td>
</tr>
<tr>
<td><strong>Menopause</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Sexuality</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Fertility</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Other (e.g. Tamoxifen)</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Referral Made</th>
<th>Resources Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Individualised Recommended Follow Up Schedule

<table>
<thead>
<tr>
<th>Date</th>
<th>Purpose of Visit</th>
<th>Provider Responsible (e.g. GP / hospital)</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

**The Royal Melbourne Hospital**
**Follow Up Guidelines for GPs — adapted from NBCC Follow-Up Care for Women with Early Breast Cancer 2010**

<table>
<thead>
<tr>
<th>Aspect of care</th>
<th>What to check / do</th>
</tr>
</thead>
<tbody>
<tr>
<td>History</td>
<td>Check/confirm:</td>
</tr>
<tr>
<td></td>
<td>• general health/new health problems</td>
</tr>
<tr>
<td></td>
<td>• new breast symptoms</td>
</tr>
<tr>
<td></td>
<td>• hormonal status</td>
</tr>
<tr>
<td></td>
<td>• risk factors/secondary prevention strategies</td>
</tr>
<tr>
<td></td>
<td>(see ‘other considerations’ below)</td>
</tr>
<tr>
<td></td>
<td>• change in medications</td>
</tr>
<tr>
<td></td>
<td>• compliance issues</td>
</tr>
<tr>
<td></td>
<td>• family history</td>
</tr>
<tr>
<td>Clinical examination</td>
<td>Examine:</td>
</tr>
<tr>
<td></td>
<td>• breast/chest wall (ipsilateral and contralateral)</td>
</tr>
<tr>
<td></td>
<td>• chest and abdomen</td>
</tr>
<tr>
<td></td>
<td>• regional lymph nodes</td>
</tr>
<tr>
<td></td>
<td>• arm on the treated side</td>
</tr>
<tr>
<td>Imaging</td>
<td>• annual mammograms are arranged by the hospital for up to 5 years after diagnosis. OP to arrange mammogram/ultrasound review</td>
</tr>
<tr>
<td></td>
<td>(ultrasound is generally used only to complement mammography)</td>
</tr>
<tr>
<td>Psychosocial care</td>
<td>• assess the woman’s level of psychosocial distress and the impact of the disease and its treatment (including effects on sexuality, fertility and relationships)</td>
</tr>
<tr>
<td></td>
<td>• provide appropriate support and referral</td>
</tr>
<tr>
<td></td>
<td>• be aware that some women may find regular check-ups reassuring while others may associate them with increased anxiety</td>
</tr>
<tr>
<td>Treatment side effects</td>
<td>• check for early signs of secondary lymphoedema</td>
</tr>
<tr>
<td></td>
<td>• if the woman is receiving oncotoxic treatment with hormonal therapies (e.g. Tamoxifen or aromatase inhibitors), check for possible sequelae of treatment/manopause symptoms or reduced bone mineral density (see ‘other considerations’ below)</td>
</tr>
<tr>
<td></td>
<td>• refer for specialist review if necessary</td>
</tr>
<tr>
<td>Other considerations</td>
<td>• actively promote secondary prevention strategies (including maintaining a healthy body weight, regular exercise and limiting alcohol intake)</td>
</tr>
<tr>
<td></td>
<td>• breast lifts (only if clinically indicated)</td>
</tr>
<tr>
<td></td>
<td>• genetic testing (for criteria refer to Familial Risk Assessment — Breast and Ovarian Cancer online tool on the Cancer Australia website)</td>
</tr>
</tbody>
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**Recommended Follow-Up Frequency**

<table>
<thead>
<tr>
<th>Method</th>
<th>Years 1 – 2</th>
<th>Years 3 – 5</th>
<th>After 5 years</th>
</tr>
</thead>
<tbody>
<tr>
<td>History and clinical breast examination</td>
<td>Every 3 – 6 months</td>
<td>Every 6 – 12 months</td>
<td>Every 12 months</td>
</tr>
<tr>
<td>Mammogram</td>
<td>Every 12 months</td>
<td>Every 12 months</td>
<td>Every 12 months</td>
</tr>
<tr>
<td>Bone density scan</td>
<td>If on aromatase inhibitors — every 12 or 24 months depending on result</td>
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**Resources**

- [General Information](http://canercare.nbcct.org.au)
- [Breast Cancer](http://breastcancer.org)
- [Breast cancer treatment and side effects](http://www.breastcancer.org.au/about-breast-cancer/treatment-and-side-effects)
- [Oncology](http://www.cancer.org.au/about-personal-care/oncology)
- [Side Effects](http://www.cancer.org.au/about-personal-care/side-effects)
- [Signs reducing the risk](http://www.cancer.org.au/about-personal-care/signs-reducing-the-risk)
Key Enablers

- Developing project resources and processes
- Consultation with GPs and women
- Consultation with Breast Service clinicians across 3 sites - BCNs, breast surgeons, multidisciplinary team, admin support staff
- VACCS clinics
- Extensive support from BreaCan and Medicare Locals
- Evaluation of the model of care to ensure sustainability
“Navigating the maze”

- Shared care arrangements
- GP engagement and support - Education/CPDs, rapid referrals, communication pathways
- Consumer engagement and responsibility
- Funding for continuing model of care

While GP engagement in terms of patient care is high, and GPs assume the role for follow-up, the number of evaluation surveys and shared care agreements returned was relatively low.
# Nurse-Led Clinic

**July 2012 – June 2013**

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
</tr>
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<tbody>
<tr>
<td>NLC offered</td>
<td>275</td>
</tr>
<tr>
<td>NLC completed</td>
<td>184</td>
</tr>
<tr>
<td>Telephone consultations</td>
<td>40</td>
</tr>
<tr>
<td>Opted out</td>
<td>78</td>
</tr>
<tr>
<td>Cancelled</td>
<td>5</td>
</tr>
<tr>
<td>Failed to attend</td>
<td>8</td>
</tr>
</tbody>
</table>

*Nurse-led clinics are ongoing since completion of project (as identified above)*
Feedback from GPs

- 46 evaluation surveys completed by GPs
- 20 evaluation interviews completed over the phone
- 87% of GPs outlined that they feel confident that they can access timely guidance and support from the Breast Services
- GPs agree that the content of the care plan provides adequate information to assist the provision of follow-up care
- 95% of women involved in the project had a nominated GP
- ~36% of GPs returned the agreement from the Breast Service outlining willingness to participate in shared care
- 3 GPs declined
- Follow-up phone calls to non-responders
Feedback from Consumers

• Consumer surveys were sent to all women involved in NLC - 65% response rate

• 39% of the women surveyed reported having made lifestyle changes as a result of their appointment with the BCN - these changes primarily related to diet and exercise

• All respondents referred positively to the value of the BCNs
• (88%) of women responded that they do consider their GP and hospital to be partners in their ongoing follow-up care.
(71%) of women responded that after their GP appointment they felt they had a better understanding of what they could do to help themselves stay well.
Feedback

How have you found information about support services?

- Breast Care Nurse: 82.4%
- GP: 30.9%
- Internet: 27.9%
- Specialist: 14.7%
- Other: 11.8%
- Phone: 8.8%
- Social Worker: 7.4%
- I haven’t found out any information: 4.4%
We’re on the right track

Do you still have any issues you feel you still need help with? 83.5%

Is there anything about your breast cancer care that you think could have been done better? 83%
Outcomes

• 20% more patients seen in 2013 compared to previous years with no extra EFT within the Breast Services - due to survivorship initiatives (shared care projects from 2010)

• Reducing the number of hospital outpatient appointments and reducing patient waiting times

• Aims to improve quality of care and move care into the community

• Women can attend appointments with their nominated GP reducing outpatient appointments by approx. 3 per year
e-tools

- E-Referrals to information and support

- Information navigator website and App
  (for smartphones and tablets)
  http://breacan.org.au/navigators
Future Direction

• This model of care has a positive impact on women, hospitals and primary care
• Secure sufficient extra resources to maintain sustainability and ensure processes remain embedded in practice
• Plan to roll out pilot to other tumour streams/sites
• Endometrial cancer survivorship project at RWH funded by Western and Central Melbourne Integrated Cancer Service
Questions?

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