

Breast Cancer Survivor Symptoms

A comparison of physicians' consultation records and nurse-led survivorship care plans

Christina Kozul, BSc, BMBS, Lesley Stafford, BA, BSocSci Hons, MA (Psych), MPsy (Clin), PhD, MACPA, Ruth Little, MBBS, MPH, Chad Bousman, MPH, PhD, Allan Park, MN, Kerry Shanahan, RN/BCN, and G. Bruce Mann, MBBS, PhD, FRACS

BACKGROUND: Survivorship care plans (SCPs) have been used to address ongoing health problems associated with the diagnosis and treatment of early-stage breast cancer.

OBJECTIVES: The aim of this article was to determine whether nurse-led consultations using SCPs, as compared with a standard medical consultation, identify more side effects and supportive care needs and lead to appropriate referral patterns.

METHODS: The study audited 160 retrospective medical clinic and nursing SCP records in a sample of patients receiving treatment for early-stage breast cancer at a tertiary-level breast service in Australia.

FINDINGS: Breast care nurses (BCNs) undertaking SCPs at a nurse-led consultation were significantly more likely than physicians to record symptoms related to menopausal/hormonal therapy, psychosocial/mental health, lifestyle, bone health, and sexuality. BCNs were also significantly more likely to refer patients for concerns related to psychosocial/mental health, lifestyle, and sexuality.

KEYWORDS

survivorship care plan; early-stage breast cancer; breast care nurses

DIGITAL OBJECT IDENTIFIER

10.1188/20.CJON.E34-E42

ADVANCES IN BREAST CANCER DETECTION AND TREATMENT have resulted in improved cure rates and prolonged survival, leading to a growing number of survivors (Miller et al., 2016). Despite these advances, many women with early-stage breast cancer have ongoing symptoms and health problems associated with their diagnosis and treatment (DeGuzman et al., 2017; Fallowfield & Jenkins, 2015; Zdenkowski et al., 2016). Identifying and managing these symptoms can help patients maximize their quality of life (Zdenkowski et al., 2016). One tool being used to help achieve this is the survivorship care plan (SCP) (Post et al., 2017).

SCPs were first recommended by the Institute of Medicine (IOM) to improve health outcomes for cancer survivors (Hewitt et al., 2006). The purpose of SCPs is to provide a comprehensive summary of treatment, a follow-up schedule, and supportive care resources; the IOM recommended that SCPs be written by the principal providers who coordinate oncology treatment (Hewitt et al., 2006). SCPs are considered a potentially powerful tool and are used by patients with cancer and treating teams to deal with survivorship issues (Soloe et al., 2019). SCPs have been widely implemented, despite limited evaluation of their effectiveness (Ivanics et al., 2019; Jacobsen et al., 2018; Klemanski et al., 2016). Limited evidence confirming effectiveness suggests that breast cancer survivors are highly satisfied with and value SCPs (Palmer et al., 2015); however, further well-designed studies are required.

SCPs remain a central part of survivorship care (Post et al., 2017). Optimization of SCPs is required to maximize their potential benefits (Post et al., 2017), but anecdotal reports suggest this may be challenging in the Australian tertiary hospital setting. When first established, SCPs were to be coordinated and managed by the physician (Hewitt et al., 2006). However, clinic medical appointments focus on medical issues, including disease recurrence. That focus, combined with high patient volumes, may result in limited time to cover survivorship care issues. Therefore, physicians may not be the optimal practitioners to coordinate and manage SCPs. Nursing staff have been important providers of survivorship care, and, because of increasing workforce strain on oncologists, their role in this field is likely to grow (Post et al., 2017).