

Many patients undergoing cancer treatment experience alopecia. To support patients, scalp cooling programs can be coordinated and implemented to educate patients and their caregivers on the benefits of and best practices for using cold caps to limit the extent of hair loss. In addition, fundraising events can alleviate the cost of cold caps and ensure that the treatment is more widely available to qualified patients. This article reviews the implementation of a cold cap program at a community breast health center. The results of the program indicate that patients who receive detailed education on scalp cooling with a cold cap, as well as have a trained cold capper to assist them with using the device, have an increased chance of limiting alopecia and retaining the majority of their hair.

AT A GLANCE

- Consistent application technique among trained cold cappers improves outcomes for patients in scalp cooling programs.
- Fundraising events can support patients who cannot afford the out-of-pocket costs for scalp cooling regimens.
- Educating patients on proper scalp and hair care following scalp cooling treatment can improve outcomes.

KEYWORDS

scalp cooling therapy; cold caps; alopecia; breast cancer; adherence

DIGITAL OBJECT IDENTIFIER

10.1188/19.CJON.237-241

Scalp Cooling

Implementing a cold cap program at a community breast health center

Mary Heery, MSN, APRN, AOCNS®, CBCN®, Shaira Cohen, MSN, RN, and Zarek Mena, OPN-CG

Alopecia is a significant concern for patients with breast cancer undergoing chemotherapy, with 99.9% of patients receiving anthracycline- or taxane-containing chemotherapy reporting hair loss as a side effect of their treatment (Wantanabe et al., 2019). Patients may achieve reduced chemotherapy-induced alopecia by using a scalp cooling device. Previous studies have supported the effectiveness of scalp cooling in reducing chemotherapy-induced alopecia (Katz, 2017; Ross & Fischer-Carlidge, 2017; Rugo & Voigt, 2018), and validated the efficacy and safety of the device (U.S. Food and Drug Administration, 2016). In addition, studies have shown that patients are motivated to keep their chemotherapy treatment experience private, which can potentially be achieved by using a scalp cooling device that can reduce or even eliminate the risk of alopecia (Rugo, Melin, & Voigt, 2017; van den Hurk et al., 2013). This article describes the implementation of a cold cap program using the DigniCap® scalp cooling system and Penguin™ cold caps at the community-based Smilow Family Breast Health Center in Norwalk, Connecticut, in conjunction with physicians from the Whittingham Cancer Center and Memorial Sloan Kettering Cancer Center.

Planning

Patients' feedback after undergoing chemotherapy for breast cancer at the community-based breast health center led to discussions with the center's breast health leadership team about developing

a cold cap program. The breast health leadership team included a medical oncologist, a certified advanced practice RN who acted as an oncology nurse champion, a certified patient navigator, and nursing administrators. As the program developed, the patient navigator assumed the role of cold cap coordinator and a psychosocial therapist was later added to meet the emotional needs of patients. To ensure the effectiveness of the program, the leadership team worked closely with community fundraisers, scalp cooling device manufacturers, trained cold cappers, and all patients with cancer receiving chemotherapy.

Role Delineation

The breast health leadership team was charged with supporting and educating patients who were interested in the scalp cooling process. The medical oncologist conducted initial conversations with patients regarding the effectiveness of the cold cap program, and oncology nurses educated patients on the benefits of scalp cooling, such as minimizing alopecia. Although the nurses were initially responsible for capping patients, as well as administering chemotherapy, the process became too time-consuming and was identified as a potential risk for administration errors. As a result, the capping process was delineated to trained cold cappers.

To streamline the many components of the cold cap program, the breast health leadership team identified the patient navigator as the most appropriate cold cap coordinator. Having a role designated