

PHYSICAL AND PSYCHOSOCIAL ISSUES AFTER DEFINITIVE TREATMENT OF BREAST CANCER



Western Health



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Background

- Most women now being diagnosed with breast cancer will not die of the disease
- As part of a project to involve general practice and community organizations in ongoing care, women were invited to attend a breast care nurse consultation after definitive treatment
- Quality of life may be adversely affected by treatments including surgery, radiation, chemotherapy and endocrine therapy
- Anxiety, depression, menopause symptoms, pain and discomfort are common, but the frequency of these concerns is unknown

Methodology

Patients at two public hospital based breast services were invited to attend an hour long appointment with a breast care nurse after completion of their definitive management for invasive or non invasive breast cancer. This was scheduled prior to the 12 month specialist review to enable coordination of appointments as well as to inform that consultation.

In preparation for the appointment, women were asked to complete three quality of life surveys:

- Distress Thermometer¹
- FACT-B²
- Menopause Rating scale³

In addition, a summary of diagnosis and treatments was prepared. Issues identified were addressed and management strategies discussed. Where appropriate referrals were made to specific services such as psychology, menopause clinic or lymphoedema clinic.

Follow up appointments and investigations were discussed and a care plan completed. This was given to the women to take to her general practitioner in a scheduled long consultation to review the issues and recommendations. A follow up survey of the participants was undertaken to ascertain their responses to the appointment.

References

1. Snowden A, White CA, Christie Z, Murray E, McGowan C and Scott R. (2011) The clinical utility of the Distress Thermometer: a review. *Br J Nurse* 20 (4): 220-227.
2. Brady MJ, Cella DF, Mo F, Bonomi AE, Tulsky DS, Lloyd SR et al. (1997) Reliability and Validity of the Functional Assessment of Cancer Therapy – Breast Quality-of-Life Instrument. *J Clin Onc* 15 (3): 974-986.
3. Heinemann K, Ruebig A, Potthoff P, Schneider HPG, Strelow F, Heinemann LAJ et al. (2004) The Menopause Rating Scale (MRS) scale: A Methodological review. *Health and Quality of Life Outcomes* 2 (45): internet access.

Results

183 of 274 of those invited attended the breast care nurse consultation. 40 of these chose to do this by telephone. Of this cohort, 65% of surveys were returned. Patient demographics are described in the following table:

Variable	Participants (n=183)
Gender	
Female	181
Male	2
Age (years)	
Mean	56.78
Range	29-87
Menopausal Status	
Pre	59
Post	105
Peri	17
Not applicable	2
Diagnosis	
Invasive Carcinoma	152
Ductal Carcinoma in situ	31
Node Status	
Positive	44
Negative	139
Receptor Positive	
Oestrogen	160
Progesterone	147
Her-2	20
Breast Surgery	
Wide Local Excision	128
Mastectomy	32
Mastectomy with Reconstruction	23
Axillary Surgery	
Sentinel node Biopsy	133
Axillary Lymph Node Dissection	36
Nil	14
Chemotherapy	
Yes	65
No	114
Radiotherapy	
Yes	133
No	37
Endocrine Therapy	
Tamoxifen	81
Aromatase Inhibitor	45
No	46
Biological Therapy	
Yes	13
No	168

- 39% of women reported making lifestyle changes as a result of their appointment, particularly relating to diet and exercise
- 88% considered their GP and the hospital to be partners in ongoing care
- 75% had spoken with their GP about their care plan and felt that they had a better idea of how to keep themselves well.

The Distress Thermometer¹ was completed by 175 participants:

- 96 (55%) scored ≥ 4 corresponding to significant distress
- 31 (18% total) scored ≥ 7 which equates to severe distress/depression

FACT-B² was completed by 177 participants:

- Lack of energy was a major concern for 56 respondents
- 111 (63%) had at least some concern regarding poor sleep, particularly affecting those on Tamoxifen or those who had undergone chemotherapy or radiation
- 71 reported moderate difficulty with working
- Of 89 who answered 29 were unsatisfied with their sex lives
- 82 (46%) had some self consciousness about how they dressed
- 128 received emotional support from family and friends but 23 (13%) reported minimal or no support from family and 29 (16%) reported lack of support from friends
- 33 of 174 respondents were significantly worried about recurrence and dying

Menopause Rating Scale³ was completed by 177 participants:

- 50 reported severe difficulties with sleep
- 36 reported severe joint pains
- 41 reported severe hot flushes
- 25 reported severe depression and 24 from physical and mental exhaustion

Conclusion

- Women report a significant burden of symptoms following definitive treatment for breast cancer, particularly with poor sleep and lack of energy
- These symptoms are often poorly identified and addressed in traditional models of care
- A breast care nurse consultation at around the 12 month mark can identify areas of concern and provide advice and referral to relevant services
- General Practitioners are regarded as important partners in the clinical team and provide valuable support for improvement in wellbeing

