From Prevention to Palliative Care: Optimizing the Breast Cancer Patient Experience with Nurse Navigation

Darcy Burbage, MSN, RN, AOCN, CBCN
Oncology Nurse Navigator
Helen F. Graham Cancer Center & Research Institute
Objectives

• Discuss strategies to overcome barriers to successful implementation of the NN role in breast cancer programs.

• Identify strategies to improve BrCa screening and coordination of care for patients.

• Outline emerging treatment options.

• Identify key components for patients as they transition through the continuum of care.
Role of NN in Breast Care

• Define patient population
  – Dependent upon your institution
  – Will help you delineate your role
  – Community needs assessment
  – Patient advisory board
• Budget
• Staffing
• Define metrics
• Build relationships/collaborations

Case Study

- J.S. 57 y.o. AA presented w/palpable lump b/w sx mammo
- Bx + IDC ER/PR+/HER2-
- 2 daughters; 1 son; 3 sisters; 3 nieces
- Genetic counseling performed; testing negative
- Stage III IDC; s/p MRM w/implant reconstruction
- DD AC followed by 12 wks Taxane
- XRT
- AI for 5 years
Screening and Early Detection of Breast Cancer
Comparison of BrCa Screening Guidelines

<table>
<thead>
<tr>
<th>Recommended</th>
<th>ACOG</th>
<th>ACR/SBI</th>
<th>ACS</th>
<th>AMA</th>
<th>NCCN</th>
<th>USPSTF</th>
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</thead>
<tbody>
<tr>
<td><strong>Age to Start Mammograms</strong></td>
<td>40</td>
<td>40</td>
<td>45 Individual choice 40-44</td>
<td>40</td>
<td>40</td>
<td>50</td>
</tr>
<tr>
<td><strong>Age to Stop Mammograms</strong></td>
<td>Annual as long as woman is in good health</td>
<td>Annual as long as woman is in good health</td>
<td>When life expectancy is &lt; 5-7 years</td>
<td>When life expectancy is &lt; 10 years</td>
<td>Upper age limit not established</td>
<td>74</td>
</tr>
<tr>
<td><strong>Interval</strong></td>
<td>Annual</td>
<td>Annual</td>
<td>Annual 45-54; 1-2 years 55+</td>
<td>Annual</td>
<td>Annual</td>
<td>2 years</td>
</tr>
</tbody>
</table>

American College of Gynecology. [http://acog.org/About--ACOG/News-Room/Practice-Advisories/ACOG-Practice-Advisory-on-Breast-Cancer-Screening](http://acog.org/About--ACOG/News-Room/Practice-Advisories/ACOG-Practice-Advisory-on-Breast-Cancer-Screening)
Screening & Early Detection

• Controversies between guidelines
• Risk Assessment
  – Risk prediction models (Gail Risk/Tyrer-Cuzick)
  – Genetic Counseling & Testing
• Risk Factors
  – Non-modifiable
  – Modifiable
• Risk Reduction
  – Interventions to modify risk
  – Health promotion to reduce risk

Navigation throughout the Breast Cancer Continuum

- **CHOE**
- **Inpatient**
- **MDC**
- **Self Referrals**
- **Tumor Conference**
- **Other Practices**

**Initial Visit**
- NN to coordinate care as directed by MD
- Review pathology
- Educate patients RE: Diagnosis and Treatment
- Assess needs using Insight - Determine preliminary treatment plan
- Provide emotional support
- Review resources & make referrals as needed

**End of Treatment**
- Follow-up phone calls throughout treatment - Confirm readiness for subsequent treatment modalities - Assess compliance with recommended treatment plan - Review questions
- Provide emotional support
- Review Resources
- Make referrals - Rehab - Social Work - Psychology - Community Resources
- Refer to Survivorship Nurse Navigator - End of Treatment Counseling - SCP

**Supportive and Palliative Care**

Treatment Considerations

• Staging
• Molecular profiling
• Unique populations
• Clinical trials
• NCCN Treatment Guidelines
  – Surgery, Chemotherapy, Radiation Therapy, Endocrine Therapy
• Prehabilitation
• Supportive & Palliative Care

Treatment Considerations

• Approved Chemotherapy Regimens for Adjuvant, Recurrent & Stage IV Breast Cancer
  • Multiple regimens exist
  • Dependent upon stage, molecular status of tumor and,
  • Individual patient variability, prior treatments, existing co-morbidities

• Targeted therapies based on biology of cancer: anti-HER2 targeted therapy drugs, PD-L1-inhibitors

• Emerging Chemotherapy Options
  • PARP Inhibitors
  • CDK 4/6 Inhibitors
  • Immunotherapy
  • Selected Androgen Receptor Modulators (SARMs)

Breast Cancer Risk Stratification Based on Acuity

**Comorbid diseases:**
1. COPD
2. CHF/CAD
3. Uncontrolled Diabetes
4. Renal Failure
5. Morbid Obesity
6. Non-Hispanic Black
7. Cognitively Impaired

**Social Factors:**
1. Homeless or vulnerable
2. Single and/or no support at home
3. Literacy
4. Language not English
5. <40 yrs or >65 yrs
6. Non-Hispanic Black
7. Transportation Issues

**Surgical Procedures**
- Lumpectomy w/wo SLNB
- Mastectomy w/Reconstruction
- Mastectomy w/o Reconstruction
- Neo-Adjuvant Chemo TNBC
- Uninsured or Undocumented Medicare

**Adjuvant Treatment**
- Anti-Estrogen
- Chemo and/or Radiation

**Current - % Goal**
- Level 1: 25%
- Level 2: 35%
- Level 3: 35%
- Level 4: 5%

**Stage IV**
- Active
- Not active, but last used w/in 1 yr
- Screened positive for distress
- Uncontrolled Psych O/O or other sig dx

**Insulation**
- Commercial/no n-mang Medicare
- Product limited in some way

**Risk:**
- Insurance
- Adjuvant Treatment
- Social Factors*
- Psychiatric Disorder
- Substance Use Disorder
- Co-morbid**
- Surgical Procedures

**Risks**

Potential Physical Effects of Breast Cancer

- Hot flashes
- Vaginal Dryness
- Osteoporosis
- Weight changes

- Same as surgery, plus
  - Fatigue
  - Skin changes

- Acute effects
- Early Menopause
- “chemo-brain”
- Fatigue
- Neuropathy
- Weight changes

- ↓ ROM
- Cording
- Lymphedema
- Pain/Numbness
- Changes in sensation

- Surgery
- Radiation
- Chemo
- Anti-Estrogen

Potential Psychosocial Effects of Breast Cancer

- Anxiety, Fear of recurrence
- Body image concerns
- Intimacy, sexuality, fertility
- Changes in relationships
- Changes in responsibilities
- Financial/employment/health & life insurance concerns
- Survivor’s guilt

Potential long-term & late effects of treatment

• It’s all relative
• Risk depends upon
  – Overall health before treatment
  – Treatment received
• Long-term effect
  – Develop during treatment and may become chronic, linger on, or improve over time
    • Fatigue/Anxiety
• Late effect
  – Delayed; can surface months or years after treatment is completed
    • Cardiac issues/Depression

Survivorship Treatment Summary and Follow-Up Care Plan

- Multiple free templates available that meet CoC criteria
- Documents stage of cancer, treatments received and ongoing treatment & side effects
- EB surveillance guidelines
- Symptoms to report
- Treatment team contact information

Surveillance and health promotion

- Annual mammogram
- Medical history and physical exam every 3 to 6 months for 3 years, then every 6 months for 2 years, then annually
- Annual gynecologic exam for women with uterus on tamoxifen
- Baseline bone mineral density determination for women on aromatase inhibitor and periodically thereafter
- Continue with regular medical and dental screenings
- Genetic counseling/testing
- Report any new or persistent symptom, including anxiety/distress
- Implement healthy lifestyle choices

A New Model of Integrated Palliative Care

The Spectrum of Metastatic Breast Cancer

- Rapid development of metastases
- Shorter disease-free interval
- Extensive visceral involvement
- Resistance to endocrine therapy

- Long disease-free interval
- Later recurrence of metastases
- Bone and soft tissue disease
- Sensitive to endocrine therapy

Virulent
Indolent

Slide credit: clinicaloptions.com
Lessons Learned

- Not a one size fits all approach to navigation
  - Anticipate growing pains
  - Ask your patients and colleagues
  - Define population as well as role of all team members
  - *Focus on what’s best for the patients in your community*

- Determine metrics
- Utilize existing resources
- Evaluate model of navigation
- Communicate and celebrate success!

Nurse Navigator Led Patient Outcome Measures

• Provider and patient satisfaction scores have been maintained between 98% to 100% since implementation of the breast care/cancer nurse navigator role.

• Breast biopsy turnaround time has decreased from 18 days to 5 days.

• Comprehensive lymphedema program developed with greater than 80% reduction in overall volumetric measurements and revenue generating of $2,500 per average 14 visit treatment program.

• Reduced same day biopsy cancellation rates referred from outside facilities from 11% to 2% therefore saving the institution $3,000 per cancelled case.

• **ED visits** 31.1% vs 58.3%

• **Admissions** 26.7% vs 33.3%

• **Readmissions at 30 days:** 15.0% vs 31.0%


What’s the future look like for breast cancer nurse navigation?

• Group visits
• How do we utilize the power of technology better?
• Long-term survivors & those living with metastatic breast cancer
• Improved collaboration with our non-oncology colleagues for transitions of care/managing co-morbidities
• How do you balance volume/acuity with limited resources?
• To be continued…
Thank you!