



Introduction

- It is estimated that 88% of those diagnosed with breast cancer will survive five years or longer (Davenport, 2015).
- The reasons for increased survival include:
 - earlier diagnosis;
 - better screening mechanisms; and
 - improved treatments and supportive care. (Smith et al., 2015)
- Due to limited availability of oncologists, primary care providers (PCPs) will have a key role in providing ongoing survivorship care in managing the consequences commonly caused by chemotherapy, radiotherapy and hormonal therapy which can include:
 - Premature menopause & Hot flashes;
 - Sexual dysfunction;
 - Osteoporosis;
 - Musculoskeletal complaints;
 - Weight gain;
 - Cognitive changes;
 - Depression & Anxiety
 - Fatigue;
 - Neuropathy; and
 - Cardiotoxicity

(Stan, Loprinzi, & Ruddy, 2013)

Purpose

The purpose of this project is to develop an operational definition of the term "survivorship care" in women who have had breast cancer.

Overall Goal: to provide optimal survivorship care to the breast cancer survivor by screening for disease recurrence, identifying and managing the late and long-term effects of treatment, and utilizing health promotion activities so the breast cancer survivor can lead a healthy and active life for as long as possible.

Walker & Avant 8-Step Concept Analysis

- Select the concept.
- Determine the purpose of the analysis.
- Identify all uses of the concept.
- Determine the defining attributes.
- Identify a model case.
- Identify a borderline and contrary case.
- Identify antecedents and consequences.
- Identify empirical referents.

(Walker & Avant, 2011)

Survivorship Care: Antecedents, Attributes & Consequences

Antecedents	Critical Attributes of Survivorship	Consequences
<ul style="list-style-type: none"> Breast cancer diagnosis Breast cancer treatment A living survivor 	<ul style="list-style-type: none"> Individualized plan of care Patient focused care Identifying & managing adverse consequences of breast cancer and its treatment. Cancer surveillance Screening for potential new cancers. Health promotion Comorbidity management 	<ul style="list-style-type: none"> Anxiety Depression Sexual dysfunction Fatigue Sleep disorders Neuropathy Pain Cognitive impairment Cardiovascular dysfunction Cancer recurrence Altered body image Altered bone health Premature menopause Weight gain Endocrine disorders Hyperlipidemia Lymphedema



Survivorship Care
Survivorship care should begin at diagnosis and continue throughout the remainder of one's life, focusing on its late effects, secondary cancers, and quality of life. (Cooper, Loeb, & Smith, 2010)

Empirical Referents with Attributes

Attribute	Tools to Utilize
Developing a plan of care that is individualized and patient focused	Survivorship Care Plans
Identifying and managing the adverse consequences of breast cancer and its treatment	GAD 7-item scale PHQ-9 Quality of Life Scale FRAX Scale DEXA scan Sexual Function Index Fatigue Screening Tool Pain Scale
Surveying for breast cancer recurrence	Mammograms Monthly breast exams
Screening for potential new cancers	PAP test Colonoscopy Full body skin exam
Developing health promoting strategies to reduce the long term problems and comorbidities in breast cancer survivors	Annual Physical BP & HR monitoring Record weights/BMI

Applying Optimal Survivorship Care through a Model Case Study

Mary is a 54 year old female who was diagnosed with breast cancer at the age of 50 after having an abnormal mammogram. Mary was treated with a unilateral mastectomy, aromatase inhibitors, and radiation. BP today is 145/86 with a BMI of 28. Today Mary c/o dyspareunia, depression, and weight gain.

Mary's Survivorship Care Should Include:

- Detailed H & P every 6 months
- Mammogram on the intact breast annually
- Cervical and colorectal cancer screening
- Echocardiogram if she begins to experience fatigue or shortness of breath
- Lipid profile
- Depression screening using the PHQ-9 tool
- DEXA scan & osteoporosis prevention
- Sexual Function Index to assess sexual health & appropriate treatment and intervention
- Assess for body image concerns and offer adaptive devices such as breast prosthesis.
- Encourage a healthy diet
- Encourage weight loss
- Encourage 150 minutes of moderate or 75 minutes of vigorous aerobic exercise per week, including strength training exercises at least 2 days per week
- Provide education about the signs of recurrence including new lumps in the breast, bone pain, chest pain, shortness of breath, persistent headaches and coughing, rash on breast, or nipple discharge. (Runowicz et al., 2015)



Implications for Survivorship Care

Practice:

- Screening for depression and anxiety at every visit (Runowicz et al., 2015)
- Screening for fatigue using the Fatigue Screening Tool, r/o anemia, thyroid & cardiac dysfunction, B12 deficiency, and medication side effects (Stan, et. al, 2013)
- Screening for sexual dysfunction or problems with intimacy using the Female Sexual Function Index and treat as needed (Stan, et. al, 2013)
- Screening for cardiotoxicity by monitoring lipid levels, echocardiogram if patient received cardiotoxic treatments, including left chest wall irradiation, tamoxifen, cyclophosphamide, anthracyclines, aromatase inhibitor, or trastuzumab (Kenyon, et.al, 2014)
- Refer post-menopausal patients for a baseline DEXA scan and repeat every 2 years for women taking an aromatase inhibitor and women who have premature induced menopause (Runowicz et al., 2015)
- Screen for neuropathy pain and treat as needed with duloxetine (Runowicz et al., 2015)

Policy: Shift the paradigm of cancer survivorship from an acute care model to a wellness model

Research: Develop evidence based recommendations for the breast cancer survivor. Until evidence based guidelines are developed, the 2015 guidelines from the ASC/ASCO should be utilized (Runowicz et al, 2015)

Education: Provider & patient education

Survivorship care should be tailored to each individual based on the patients needs, age, past experiences, disease progress, specific risks, and follow-up requirements.

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