Transitioning from Cancer Patient to Survivor: Implementing a Breast Cancer Survivorship Care Plan

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BACKGROUND

- Advancements in early detection, research, and treatment have increased the number of breast cancer survivors, with 4.1 million expected by 2032.
- Survivorship begins with diagnosis and continues throughout the lifetime.
- Anxiety is common in cancer survivors, especially those diagnosed and treated under the age of 45.
- 42% of survivors experience anxiety.
- Anxiety is associated with increased risk of cancer incidence, cancer-specific mortality, and overall mortality.

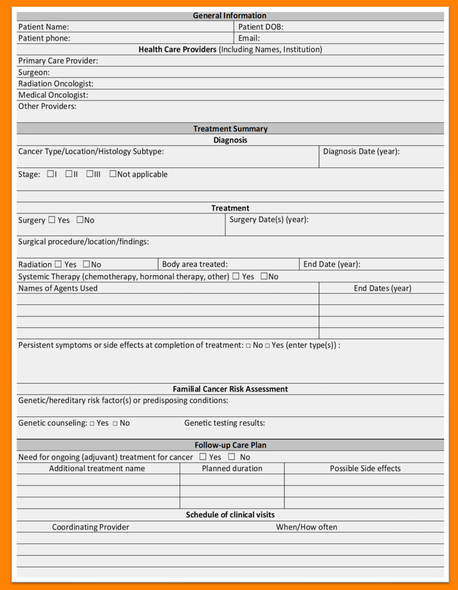
LOCAL PROBLEM

- The site for this practice improvement project was a community oncology clinic in east Tennessee.
- Before the intervention, the clinic had no standardized process for survivorship care planning.
- The purpose of this project was to implement a standardized SCP for female breast cancer survivors under the age of 45.
- The aims of this project were:
  - Refer 75% of eligible patients for survivorship care planning within 3 months of implementation
  - Reduce anxiety among patients receiving survivorship care planning by 25% within 3 months of implementation.

METHODS

- The Evidence-Based Practice Improvement process model was used as the framework for this project.
- Literature search and critical appraisal demonstrated good and consistent evidence supporting the use of SCPs and SCPs to decrease anxiety.
- Clinical decision-making algorithm development was made via PDSA (Plan-Do-Study-Act) cycles.
- Referral rates and anxiety symptoms were measured to evaluate progress towards the aims for 12 weeks.

Implementing a standardized survivorship care plan process and using a validated screening tool resulted in high referral rates and modestly improved patient anxiety.



General Information

Patient Name: | Patient DOB:
Patient phone: | Email:

Health Care Providers (Including Names, Institution)

Primary Care Provider:
Surgeon:
Radiation Oncologist:
Medical Oncologist:
Other Providers:

Treatment Summary

Diagnosis

Cancer Type/Location/Histology Subtype: | Diagnosis Date (year):
Stage: ☐I ☐II ☐III ☐Not applicable

Treatment

Surgery ☐ Yes ☐No | Surgery Date(s) (year):
Surgical procedure/location/findings:
Radiation ☐ Yes ☐No | Body area treated: | End Date (year):
Systemic Therapy (chemotherapy, hormonal therapy, other) ☐ Yes ☐No

Names of Agents Used	End Dates (year)

Persistent symptoms or side effects at completion of treatment: □ No □ Yes (enter type(s)) :

Familial Cancer Risk Assessment

Genetic/hereditary risk factor(s) or predisposing conditions:
Genetic counseling: □ Yes □ No | Genetic testing results:

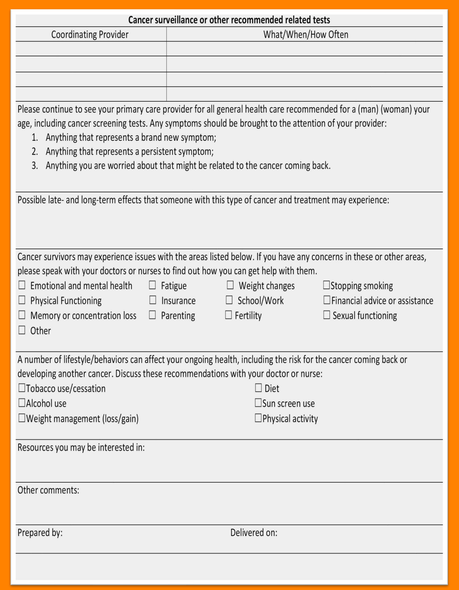
Follow-up Care Plan

Need for ongoing (adjuvant) treatment for cancer ☐ Yes ☐ No

Additional treatment name	Planned duration	Possible Side effects

Schedule of clinical visits

Coordinating Provider	When/How often



Cancer surveillance or other recommended related tests

Coordinating Provider	What/When/How Often

Please continue to see your primary care provider for all general health care recommended for a (man) (woman) your age, including cancer screening tests. Any symptoms should be brought to the attention of your provider:

1. Anything that represents a brand new symptom;
2. Anything that represents a persistent symptom;
3. Anything you are worried about that might be related to the cancer coming back.

Possible late- and long-term effects that someone with this type of cancer and treatment may experience:

Cancer survivors may experience issues with the areas listed below. If you have any concerns in these or other areas, please speak with your doctors or nurses to find out how you can get help with them.

☐ Emotional and mental health ☐ Fatigue ☐ Weight changes ☐Stopping smoking
☐ Physical Functioning ☐ Insurance ☐ School/Work ☐Financial advice or assistance
☐ Memory or concentration loss ☐ Parenting ☐ Fertility ☐ Sexual functioning
☐ Other

A number of lifestyle/behaviors can affect your ongoing health, including the risk for the cancer coming back or developing another cancer. Discuss these recommendations with your doctor or nurse:

☐Tobacco use/cessation ☐ Diet
☐Alcohol use ☐Sun screen use
☐Weight management (loss/gain) ☐Physical activity

Resources you may be interested in:

Other comments:

Prepared by: | Delivered on:

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INTERVENTIONS

- Women ≤45 with non-metastatic breast cancer were referred for SCP after completion of treatment.
- Standardized SCPs were formulated at the initial meeting
  - Reviewed treatments received
  - Potential long-term effects
  - Prevention and follow-up care
- Anxiety symptoms were measured before implementing the initial SCP and one month after using the generalized anxiety (GAD-7) tool.

RESULTS

- 100% of eligible patients were appropriately referred to SCP, exceeding our aim of 75%.
- There was a 7.07% reduction in anxiety, which was an improvement but did not meet our aim of a 25% reduction.
- Pre-intervention GAD-7 aggregate mean score = 9.33 (range 0-21).
- Post-intervention GAD-7 aggregate mean score = 8.67 (range 0-21).

CONCLUSIONS

- Implementing an evidence-based standardized SCP process was successful at this project site.
- Although the aim to reduce anxiety score by 25% was not met, anxiety improved.
- Longer follow-up intervals may allow for better assessment and management of anxiety.
- The successful implementation of standardized SCP referrals provides a foundation for sustainability and spread within the practice, to include patients with all cancer types.