

Development of the Breast Cancer Education and Risk Assessment Program

Laurel A. Snyder, RN, MS, Dawn B. Wallerstedt, RN, MSN, FNP, Lynda L. Lahl, RN, MS, Michele E. Nehrebecky, RN, MS, Peter W. Soballe, MD, and Pamela M. Klein, MD

Purpose/Objectives: To provide a description of the inception and evolution of the Breast Cancer Education and Risk Assessment Program.

Data Sources: Computerized database (e.g., Personal Family History Risk Assessment Model, Knowledge Assessment Tool, risk perception, evaluation form) and author experience.

Data Synthesis: A total of 749 women participated in the group education and risk-assessment program from March 1999 through March 2002. Advanced practice nurses provided information about calculated risks, corrected misperceptions among participants, and highlighted options available to decrease breast cancer risk. Knowledge scores improved, and, in general, participants were very satisfied with the content and comprehensibility of the educational session.

Conclusions: Results from the evaluation of the Breast Cancer Education and Risk Assessment Program suggest that group education is a viable and acceptable way to bring new advances in breast cancer prevention to large groups of women. The data sources support the conclusion that women can be effectively taught general breast cancer risk information in a group setting and be placed into specific risk categories to streamline discussion of risk-management options and relevant research studies.

Implications for Nursing: Advanced practice nurses are a vital link in the assessment of women at high risk for breast cancer, education, and appropriate referrals for management options and relevant clinical trials.

Key Points . . .

- The Breast Cancer Education and Risk Assessment Program is an effective and efficient method of providing information and identifying women at high risk for breast cancer.
- An integrated model that incorporates both personal risk factors and maternal and paternal family history of cancer was developed and may estimate more accurately the risk of developing breast cancer.
- Advanced practice nurses are a vital link in the assessment of women at high risk for breast cancer, education, and appropriate referrals for management options and relevant clinical trials.

- Age of 60 years or more
- Age of 35–59 years with a five-year estimated absolute risk of breast cancer of at least 1.66%
- A diagnosis of lobular carcinoma in situ (LCIS)

Five-year risks were calculated using the Breast Cancer Risk Assessment Tool (BCRAT), a modification of the Gail Model that estimates absolute risk of breast cancer using age, menarche, age at first live birth, first-degree family history, number of breast biopsies, history of atypical hyperplasia, and race (Gail et al., 1989).

An estimated 211,300 women in the United States will be diagnosed with breast cancer in 2003 (American Cancer Society, 2003). Although recent advances in diagnosis and treatment have reduced mortality rates, breast cancer remains the second leading cause of cancer deaths among women. An explosion of information has occurred in the areas of genetics, risk assessment, and risk reduction for breast cancer. Recently, considerable research efforts have focused on prevention of breast cancer. The Breast Cancer Prevention Trial, sponsored by the National Cancer Institute (NCI) and the National Surgical Adjuvant Breast and Bowel Project, demonstrated that tamoxifen, a selective estrogen receptor modulator (SERM), reduced the overall risk of invasive breast cancer by almost 50% (Fisher et al., 1998). The U.S. Food and Drug Administration's approval of tamoxifen for breast cancer prevention for high-risk women followed the announcement of these positive results in 1998. Along with the good news came the challenge to identify women for whom the potential benefits of tamoxifen would outweigh the risks.

In the Breast Cancer Prevention Trial, women were considered to be at high risk for the development of breast cancer based on one of the following criteria.

Laurel A. Snyder, RN, MS, is a clinical research coordinator at Alexandria Hospital in Virginia; at the time this article was written, she was clinical nurse educator at the Breast Care Center (BCC) at the National Naval Medical Center (NNMC) in Bethesda, MD. Dawn B. Wallerstedt, RN, MSN, FNP, is a research nurse practitioner at the National Center for Complementary and Alternative Medicine in Bethesda; at the time this article was written, she was a research nurse practitioner for the Genetics Branch at the National Cancer Institute (NCI) in Bethesda. Lynda L. Lahl, RN, MS, is a research nurse specialist with the NCI in Bethesda. Michele E. Nehrebecky, RN, MS, is a nurse practitioner at NNMC. Peter W. Soballe, MD, is the medical director of BCC at NNMC. Pamela M. Klein, MD, is a clinical scientist for Genentech, Inc., in South San Francisco, CA; at the time this article was written, she was NCI's research director at BCC. (Submitted June 2002. Accepted for publication November 26, 2002.)

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