

Cancer Survivorship Program

Implementation for individuals with recurrent breast cancer

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BACKGROUND: Patients are living longer with recurrent breast cancer, but survivorship programs for these individuals are lacking.

OBJECTIVES: The aims were to implement a survivorship program for individuals with recurrent breast cancer, increase their quality of life (QOL), and evaluate patient satisfaction with the program.

METHODS: Survivors were referred for a one-hour coaching intervention tailored to their needs based on results of the Functional Assessment of Cancer Therapy–Breast (FACT-B) survey. Satisfaction was assessed immediately and two weeks postintervention. A paired t test was used to evaluate QOL scores before and two weeks following participation.

FINDINGS: Statistically significant ($p = 0.000$) improvements were observed overall and in each subscale of the FACT-B survey. Patient satisfaction was high immediately postintervention and remained high at the two-week assessment.

KEYWORDS

recurrent breast cancer; quality of life; cancer survivorship

DIGITAL OBJECT IDENTIFIER

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ALTHOUGH THE NUMBER OF WOMEN LIVING WITH RECURRENT BREAST CANCER is increasing, the number of survivorship programs that address cancer-related quality of life (QOL) for these individuals is limited compared to programs for those with early-stage breast cancer (American Cancer Society, 2017; Meisel et al., 2012). The scarcity of survivorship programs for individuals living with recurrent breast cancer is an important clinical problem because these patients face unique challenges from the lack of available curative treatments. These challenges include fluctuations in functional status, changes in relationships, communication with loved ones, limited supportive care resources, and existential concerns (Frick et al., 2017; Kriegel, Myers, Befort, Krebill, & Klemp, 2014).

Individuals with breast cancer are a heterogeneous population, as evidenced by the variability in treatment response, QOL, and lived experiences between younger and older adult women, as well as between African American and Caucasian patients with recurrent breast cancer (Brufsky, Ormerod, Bell Dickson, & Citron, 2017; Cardoso, Harbeck, Mertz, & French, 2016; Tucker, Martin, & Jones, 2017). Unmet needs of individuals living with recurrent breast cancer share similarities. Findings from three studies (Lam et al., 2017; McClelland, Holland, & Griggs, 2015; Mosher et al., 2018) suggest that patients with recurrent breast cancer experience symptoms such as pain, restriction of activities of daily living, fatigue, and cognitive dysfunction with a perception of disease progression and decreased QOL. Results from the study by Cardoso et al. (2016) revealed that reduced body image was associated with a decrease in QOL, along with persistent distress and lack of social support; these findings were supported by Lam et al. (2017) and McClelland et al. (2015).

Priorities of individuals with recurrent breast cancer are assessment of QOL, cancer- and treatment-related symptoms, and psychosocial concerns. In a systematic analysis by Beatty et al. (2018), 15 randomized controlled studies of psychotherapeutic interventions suggested that these interventions improved distress, coping, and pain. Frick et al. (2017) and Kriegel