

# Nursing Care of the Patient With Cancer

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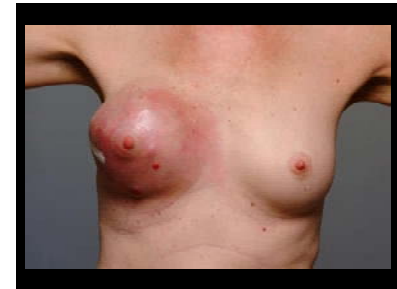
# Supportive Care Framework

- Serves to ensure a patient centered approach to care.
- Provides a valuable planning and evaluation tool that considers elements beyond those of physical care.
- Align to:
  - **Curriculum Development and Deliver**
  - **Oncology Research**
  - **Organizational Supportive Care Planning and Development**
  - **Coordinate supportive care services**

# Locally Advanced Breast Cancer

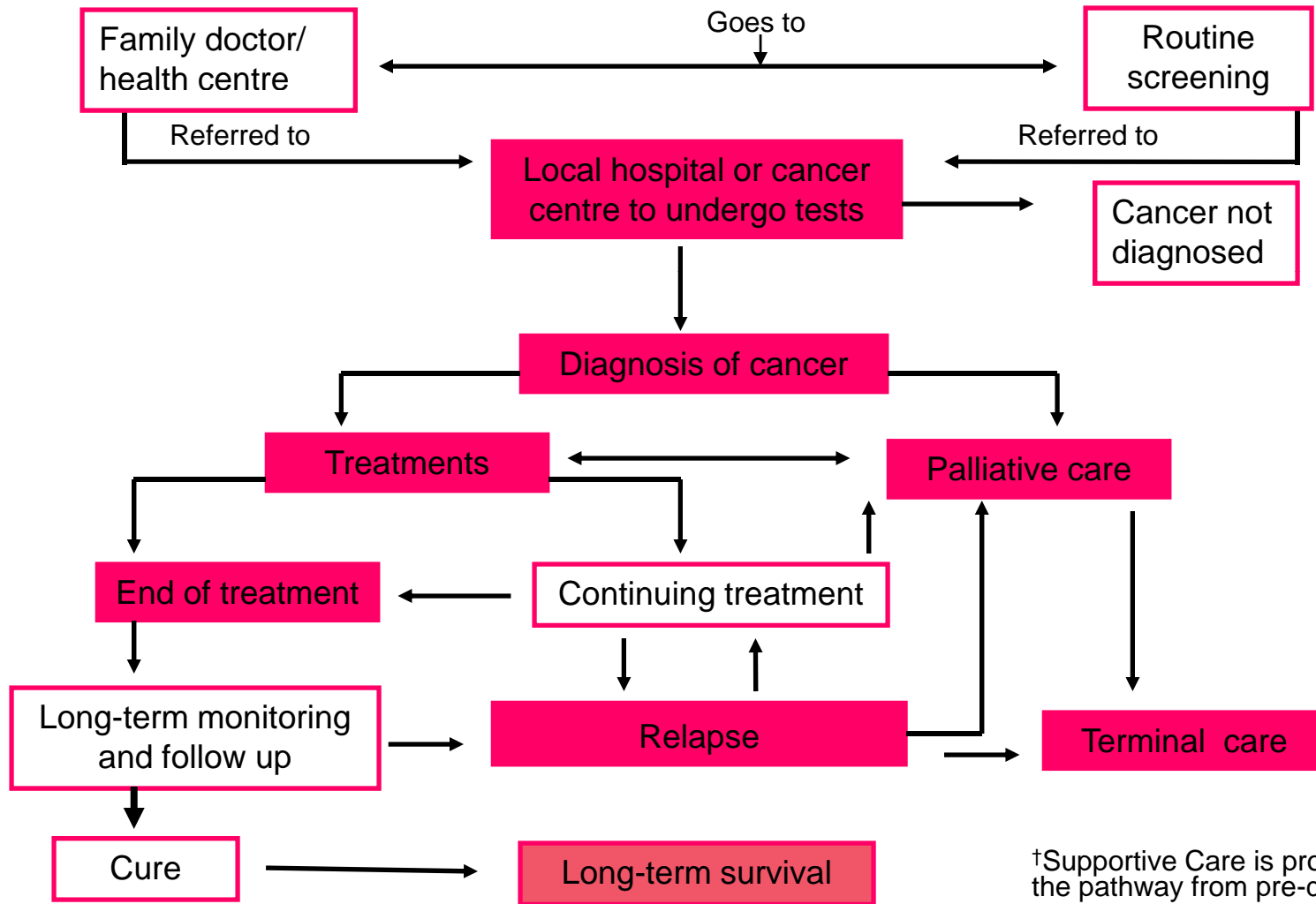
- **Challenge:**

- Before systemic therapy:  
5 year overall survival (treated with surgery and/or radiation alone: **20%**)
- Addition of systemic therapy:  
10 year disease free survival **50% for IIIA, 33% IIIB** disease
- Inflammatory Breast Cancer:  
5 year overall survival **32%** ,10 year **26%** Median progression free survival is 24 month



(Singletary et al., J Clin Onc., 2002; Cristofanilli et al., The Oncologist, 2003; Unpublished data MD Anderson)

# Map of LABC Patient Pathway



†Supportive Care is provided at all stages of the pathway from pre-diagnosis onwards

(Fitch, 1994, 2000, 2008)

Key points in the cancer journey

# LABC PATIENTS: Navigation and Individual Needs

PSYCHOLOGICAL ADJUSTMENT  
FATIGUE

FERTILITY

CHILDREN

MENOPAUSAL SYMPTOMS

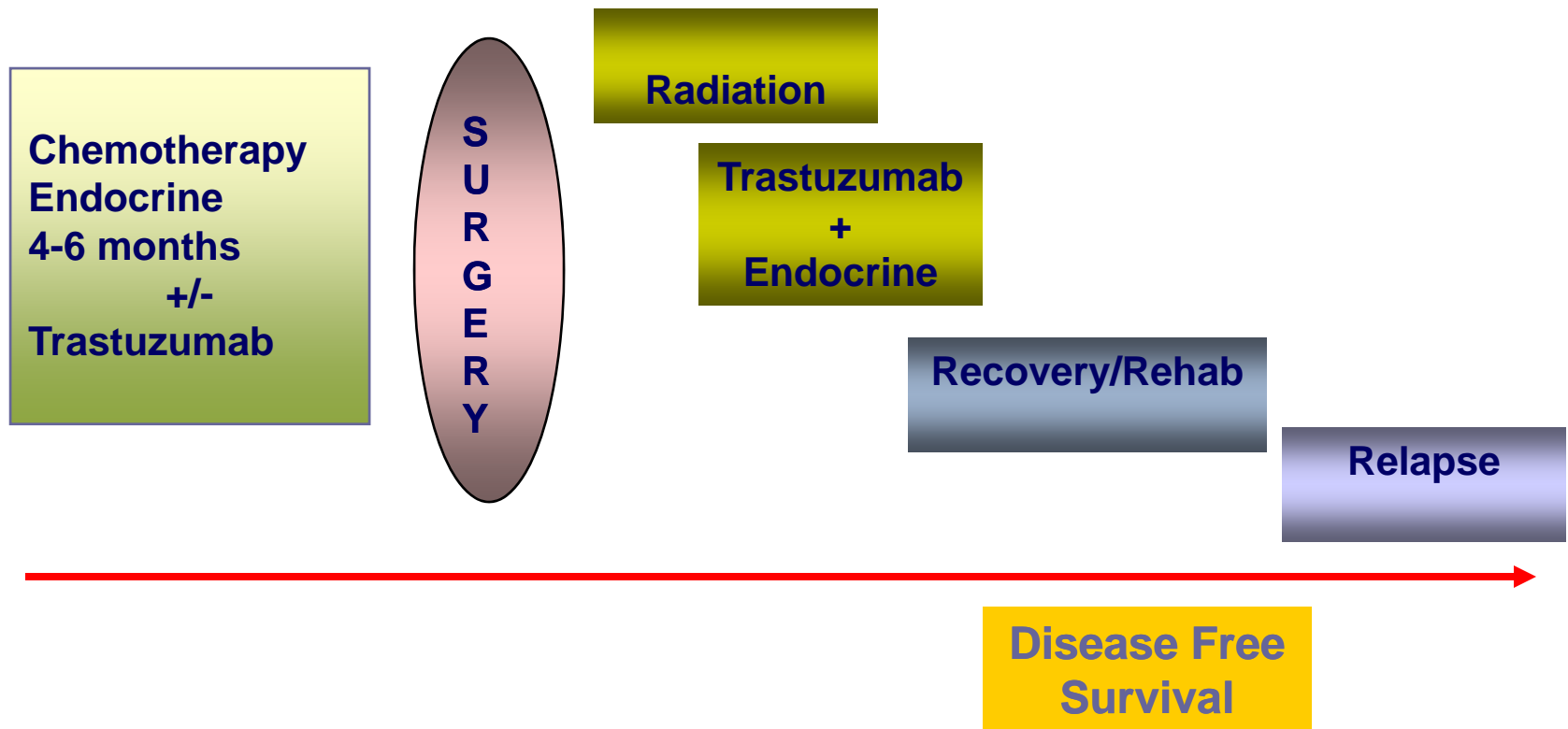
WEIGHT MANGEMENT

LYPHHEDEMA

COGNITIVE CHANGES

PAIN & SYMPTOM  
CONTROL TEAM

**Assessment Tools – Needs Identification**





*Cross Boundaries and Re-define Care*

**LABC Multidisciplinary Team**

**Princess Margaret Hospital**





# LABC Program

- Determine which assessment tools and when to use
- Determine which symptoms are most distressing
- Identify patient related and clinical characteristics related to distressing symptoms
- Examine the correlation between SDS, HADs, and FACT-B.
- Explore which clusters of symptoms are clinically significant

(Fitzgerald & Clemons, 2006)

# Symptom Distress in LABC Patients

## Method

Prospective data collection using 3 validated/reliable assessment tools:

### 1. **Symptom Distress Scale**

10 symptoms self-report questionnaire evaluating symptom distress associated with a specific symptom.

### 2. **Mood Disturbance - Hospital Anxiety and Depression Scale**

14 items: 7 questions relating to anxiety and 7 to depression

### 3. **Functional Assessment of Cancer Therapy Breast Quality of Life Tool**

Includes 4 domains (physical, social/family, emotional, functional well-being) + 8 questions specific to breast cancer related concerns

(McCorkle & Young, 1978; Bjelland et al., 2002; Brady, et al., 1997)

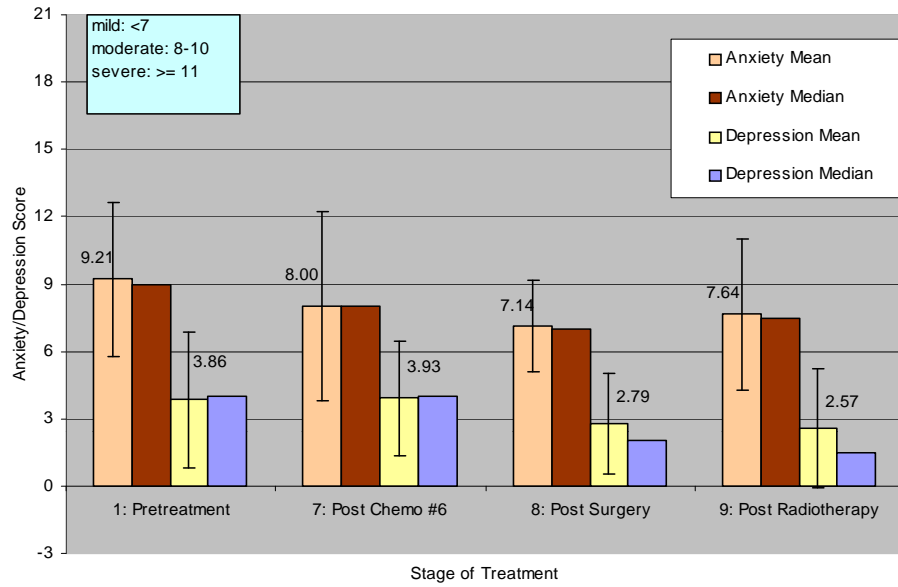
# Symptom Distress in LABC Patients

**Table: Pre-Treatment Demographics**

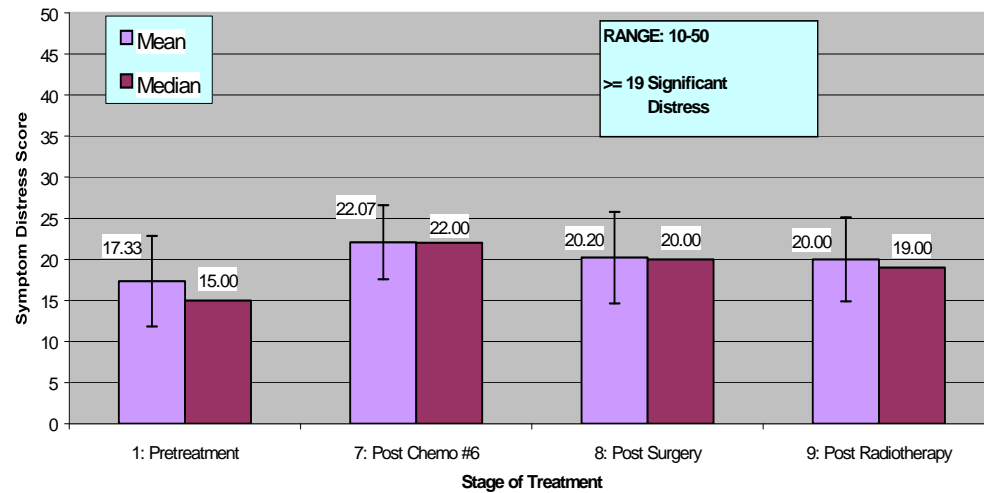
| <b>Demographics</b>                   |                        | <b>N=15</b> | <b>N</b> | <b>%</b> |
|---------------------------------------|------------------------|-------------|----------|----------|
| <b>Age:</b>                           | 20-30                  |             |          |          |
|                                       | 31-40                  |             | 5        | 33.3     |
|                                       | 41-50                  |             | 5        | 33.3     |
|                                       | 51-60                  |             | 4        | 26.6     |
|                                       | 61-70                  |             |          |          |
|                                       | 71-80                  |             |          |          |
| <b>Premenopausal</b>                  |                        |             | 9        | 60.0     |
|                                       | <b>Postmenopausal</b>  |             | 6        | 40.0     |
| <b>Gender:</b>                        | Female / Male          |             | 15/0     | 100/0    |
| <b>Ethnicity:</b>                     | Caucasian              |             | 11       | 73.3     |
|                                       | Black                  |             | 2        | 13.3     |
|                                       | Asian                  |             | 2        | 13.3     |
| <b>Clinical Staging:</b> <sup>1</sup> | IIB                    |             | 1        | 6.6      |
|                                       | IIIA                   |             | 8        | 53.3     |
|                                       | IIIB                   |             | 5        | 33.3     |
|                                       | IIIC                   |             | 1        | 6.6      |
| <b>Treatment</b>                      | Chemotherapy:          |             |          |          |
|                                       | FEC 100 + Taxotere     |             | 6        | 40.0     |
|                                       | AC + Taxotere          |             | 2        | 13.3     |
|                                       | Epirubicin + Taxotere  |             | 6        | 40.0     |
|                                       | CEF + Taxotere         |             | 1        | 6.6      |
|                                       | Surgery:               |             |          |          |
|                                       | Lumpectomy             |             | 2        | 13.3     |
|                                       | Partial Mastectomy     |             | 1        | 6.6      |
|                                       | Mastectomy             |             | 9        | 60.0     |
|                                       | Bilateral Mastectomies |             | 3        | 20.0     |
| Radiation                             |                        | 15          | 100      |          |

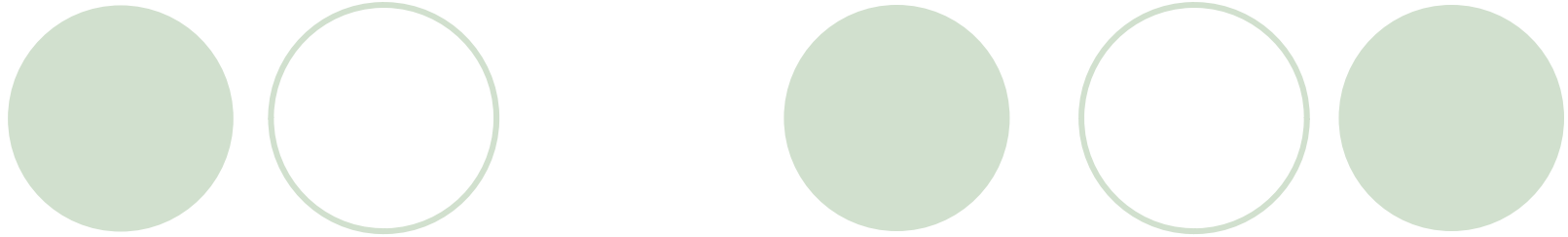
(<sup>1</sup>American Joint Commission on Cancer, 2002)

Hospital Anxiety and Depression Scores  
(N=15)

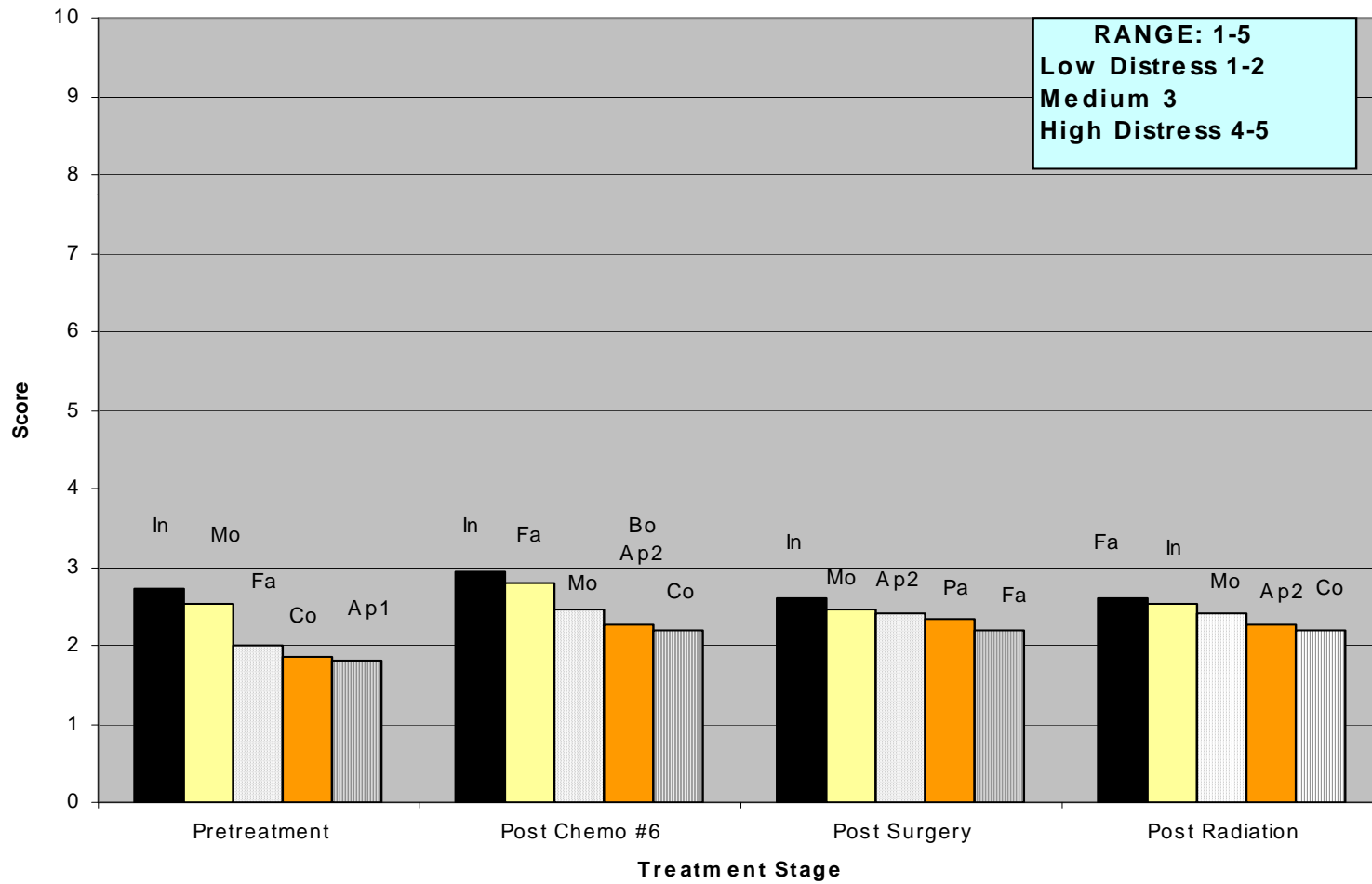


Symptom Distress Scores  
(N = 15)





**Mean Score of 5 Most Occurring Symptoms - Selected Treatment Stages (N = 15)**



**Mo** - Mood, **Mo b** - Mobility, **Pa** - Pain, **Bo** - Bow el Pattern, **Fa** - Fatigue, **In** - Insomnia, **Ap2** - Appearance, **Ap1** - Appetite, **N**



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## Surveillance/Follow-up



- Prevention and detection of new cancers/recurrent cancer
- Surveillance for cancer spread, recurrence, or second cancers
- Intervention for consequences of cancer and its treatment
- Coordination between specialists and primary care providers – meet health needs.

## Supportive Care Issues

### Menopausal Symptoms

Menopausal symptoms, especially hot flashes (HF), are reported at a high frequency, and tend to be more severe, distressing, and of greater duration in breast cancer survivors compared with controls (Harris et al., 2002). Hot flashes are experienced by 65%, night sweats 44%, sleep difficulty 44%, depression 44% in breast cancer patients (Mortimer, 2002).

### Vaginal dryness, Dyspareunia, Body Image

Up to 50-75% of breast cancer survivors suffer from one or more menopausal urogenital symptoms (Ganz et al., 1998). Dyspareunia and vaginal dryness among women taking Ais was seen in 17.8% and 16.3% among a cohort of women in the ATAC trial and it has been observed in women taking tamoxifen (Fallowfield et al, 2004; Veronesi et al., 1998; Powles et al., 1998).

### Osteoporosis

Patients who are postmenopausal or are premenopausal with risk factors for osteoporosis (ie. On an AI) should have a baseline bone density exam and then annually.

Encourage exercise

Calcium 1000-1500mg + Vitamin D 2000mg

**Osteoporosis Guidelines – CMAJ 2002, ASCO, Hillner JCO 2003; Brown CMAJ 2002**

### Lymph-edema

#### Psychological Adjustment

Up to 66% experience long term psychological distress: up to 30% experience clinically significant anxiety disorders and prevalence rates for depression from 20-35% National Breast Cancer Centre and National Cancer Control Initiative, 2003).

#### Pregnancy

Women considering pregnancy should be counseled on outcomes such as breast cancer recurrence, stopping endocrine therapies, pre-pregnancy health.

#### Cognitive Functioning

There is growing evidence that some patients suffer cognitive decline after chemotherapy, and that the effects may be sustained. Studies have found moderate or severe impairment in 16-50% of patients and a broad range of cognitive dysfunction (Phillips et al., 2003). Prospective longitudinal controlled studies should be considered.

#### Fatigue

Affects 70-100% of cancer patients. Cancer survivors report fatigue as a disruptive symptom months or even years after treatment ends (NCCN, 2007). Physiologic causes of fatigue should be investigated and ruled out. Depression and pain are potentially underlying factors. Prospective longitudinal controlled studies should be considered.

**(NCCN Guidelines)**

#### Weight Management

Up to 60% of women experience an increase in body weight associated with treatment and there is evidence that this is associated with increased risk of disease recurrence and death compared to normal weight women (Saxton, 2006). Patients should be encouraged to participate in evidenced-based weight management programs.



# Opportunities to Improve the Patient Experience: Head and Neck Program at PMH

- Overwhelmed with so many changes happening all together
- Left to their own thoughts, interpretations and meanings without adequate resources or supports to turn to
- Experienced a sense of frustration and isolation
- Waiting was emotionally disruptive with individuals lacking information and support resources
- Discrepancies existed between what patients were told versus what they experienced
- Many struggled with needing to accept help from others
- Food required lots of patient/family initiated creative improvisations

(McQuestion, 2008)

# Head and Neck Cancer



- During treatment simultaneous pain, fatigue, insomnia and anorexia were associated with depression
- By week 6, 90% patients reported using analgesic but this did not reduce the mucositis scores effectively
- 32% malnourished at end of treatment
- Anxiety worse at 4 weeks but improved by 8 weeks.
- Pain and Depression scores worse at 4 weeks and did not improve at 8 weeks

(Trotti et al., 2003; Kohda et al., 2005; van den Berg et al., 2008; Haisfield-Wolfe et al., 2009)

# Head and Neck Cancer: 6 Months Post Treatment

50% to 75%:

Disappointed with speed of recovery from treatment

Needed someone to talk to

Lack of energy

Difficulty with dry mouth, with swallowing/eating

Difficulty keeping weight on

Taste changes

Difficulty with food choices

Not sleeping well

Reported changes in daily routine

Reported tension, worry, irritability, or depression

Moved between hope and despair



# Head and Neck Program at PMH

- Lack of basic assessment and documentation of supportive care needs on an ongoing basis
- Lack of provision of standard, relevant information
- Need for strategies and processes to identify patients at risk for supportive care needs
- Transitioning of patients into PMH, across specialties and back into the community need to be strengthened
- Health care system seen by patients as a maze or no system at all

(Bryant-Lukosius, 2008 H&N retreat; CPAC, 2008)



# Critically Important to Patients

- **Continuity of Care** – especially important to H&N patients because cancer treatments are intense and symptom management is distributed among a range of service providers
- **Information** – timely and meaningful, treatment/side effect, self care management strategies
- **Communication** – among service providers
- **Access to Support** – to cope with practical and psychosocial changes

# Nurse Navigator for Patients with High Supportive Care Needs

- Physician in consultation with RN case manager refer patient to Nurse Navigator or imbed into RN case manager role
- Possible referral criteria – comorbidities, difficulty coping with illness and treatment, identified psychosocial issues, absent or weak social support

(Doll et al., 2007; Bazile, 2008)

## **Nurse Navigator:**

Assists the patient as an advocate, educator and support person throughout the cancer experience, coordinating care and linking them with networks of professional and volunteer helpers.

# Comparison RN Case Manager and Nurse Navigator Roles

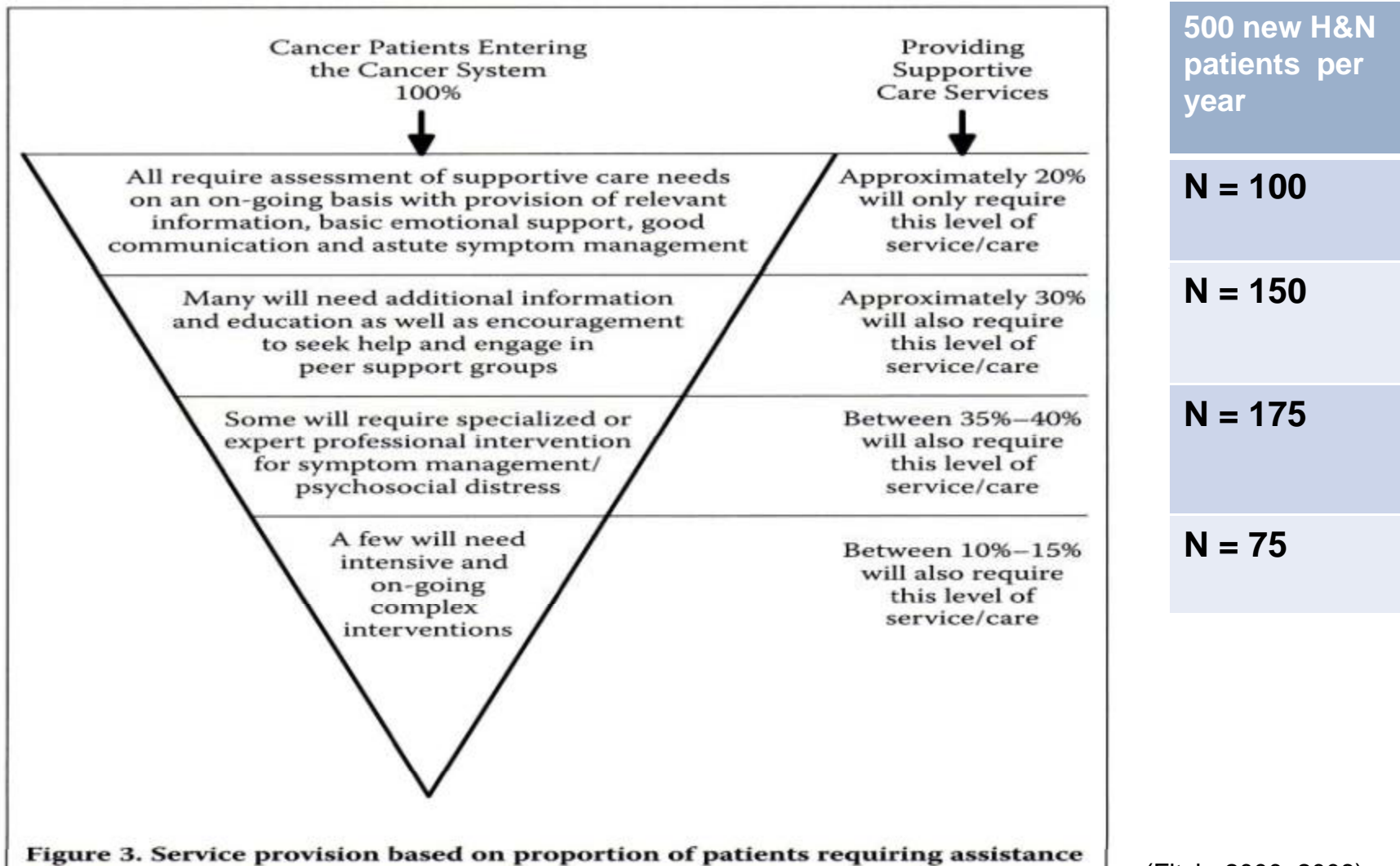
## RN Case Manager

- Practice depends on the model of care
- Intermittent, complaint based care and services
- Treatment specific (i.e. radiation, surgery ,etc)
- Manages clinic flow, telephone triage, links patients to community resources and provides education
- Monitors and manages side effects of chemotherapy or radiation or surgery

## Nurse Navigator

- Care provided based on specific outcomes for the patient
- An intentional, proactive process
- Focused on care across the cancer trajectory
- Specific assessment and documentation tools
- Assist patients through the complete cancer system
- Improve access to care
- Better co-ordinate services

(McFarlane & Bennett, 2006; Fitch & Mings, 2003)



(Fitch, 2000, 2008)

# A Balancing Act

*Embracing the full range of issues/challenges patients face when undergoing cancer treatment will help improve the patient experience.*

