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BACKGROUND

- Cardiovascular disease (CVD) is a leading competing cause of mortality after breast cancer.
- Managing preexisting risk factors for CVD is critical for preventing mortality and morbidity, but the optimal implementation is unclear.
- The aim of this study was to assess the feasibility of a nurse-led CVD risk assessment and care plan development.

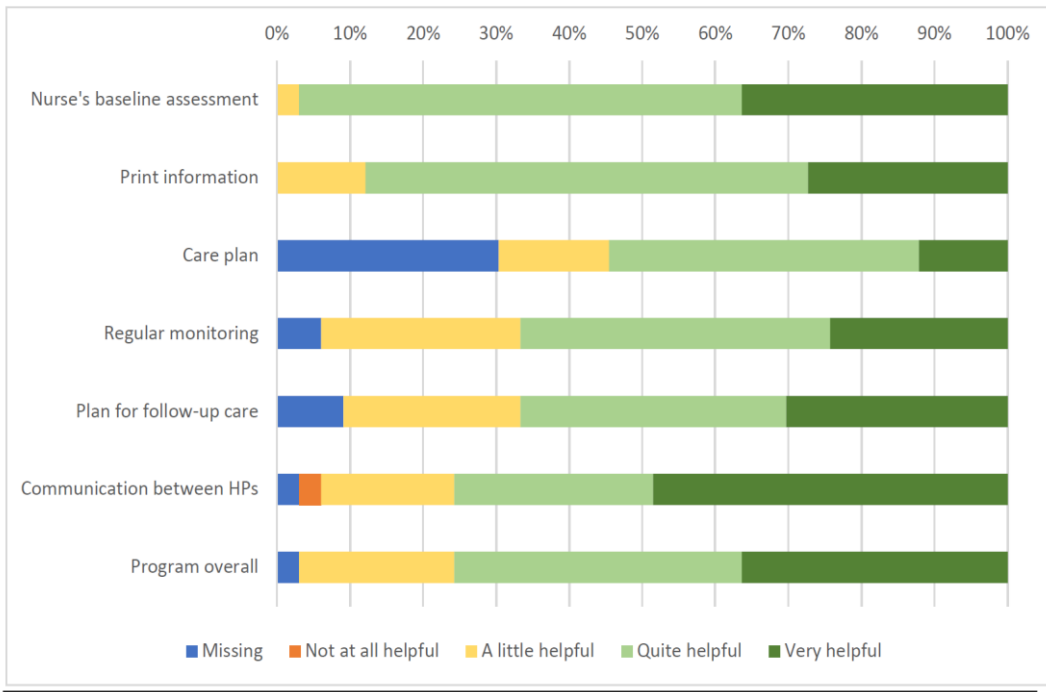


METHODS

- A prospective single arm pre-post pilot implementation study.
- Adult patients diagnosed with breast cancer within 6 months.
- A nurse-led clinic for risk factor assessment and care plan with phone follow up.

RESULTS

- 42 (84%) women enrolled; median age 58.5 (33-81) years.
- 39 (93%) attended a follow-up clinic; 32 (82%) returned final research survey.
- All but one (98%) one or more modifiable CVD risk factor with the majority (n=26; 61.9%) having 3 or more.
- All but one (98%) received cardiotoxic treatment.
- Behavioural modification recommended for 39 (93%)



Gender N (%)	
Female	42 (100%)
Median age (min, max)	58.5 (33, 81) years
Country of birth N (%)	
Australia	26 (61.9)
Other	15 (35.7)
Missing	1 (2.4)
First language N (%)	
English	37 (88.1)
Other	4 (9.5)
Number of risk factors in total N (%)	
Total risk factors per individual from personal history, family history, BMI, SBP, DBP, cardiotoxic treatment (any), physical activity, diet, smoking, alcohol use, symptoms of depression, sleep apnoea).	
0 risk factors	4 (9.5)
2 risk factors	6 (14.3)
3 risk factors	8 (19.0)
4 risk factors	6 (14.3)
5 risk factors	8 (19.0)
6 risk factors	6 (14.3)
7 risk factors	2 (4.8)
8 risk factors	2 (4.8)
Missing data (on at least 1 risk factor)	5 (2, 8)
Median number of total risk factors (min, max)	
Number of modifiable risk factors N (%)	
(Total number of risk factors from BMI, SBP, DBP, PA, diet, smoking, exercise, symptoms of depression, sleep apnoea).	
0 modifiable risk factors	1 (2.4)
1 modifiable risk factor	6 (14.3)
2 modifiable risk factors	12 (28.6)
3 modifiable risk factors	7 (16.7)
4 modifiable risk factors	8 (19.0)
5 modifiable risk factors	6 (14.3)
6 modifiable risk factors	1 (2.4)
Missing data (on at least 1 modifiable risk factor)	1 (2.4)
Median number of modifiable risk factors (min, max)	3 (0, 6)

Modifiable lifestyle behaviour	n participants for analysis (provided pre-and post-intervention data)	n at risk at baseline (% sample for analysis)	n at risk post-intervention (% sample for analysis)	Test outcome (McNemar's test significance level)
Physical activity ('at risk' if PA < 150 mins/week)	37	24 (64.9%)	18 (48.6%)	$p = 0.5$
Diet ('at risk' if >1 diet item not meeting guidelines)	39	28 (71.8%)	25 (64.1)	$p = 0.045^*$
Smoking ('at risk' if current smoker/quit within past 12 months)	39	7 (17.9%)	7 (17.9%)	$p=0.999$
Alcohol use ('at risk' if > 10 standard drinks per week)	39	1 (2.6%)	1 (2.6%)	$p\text{-value not valid due to limited } n \text{ cases at risk}$

Variable	n participants for analysis (provided pre-and post-intervention data)	Baseline median (IQR)	Post-intervention median (IQR)	Test outcome (Wilcoxon's signed rank test significance level)
Patient activation	36	82.0 (74.5, 88.2)	91.0 (82.8, 94.0)	$p < 0.001^*$
Physical wellbeing	31	19.0 (14.5, 22.0)	22.0 (18.0, 25.0)	$p = 0.025^*$
Social wellbeing	31	25.0 (19.5, 26.8)	24.0 (18.0, 6.0)	$p = 0.7$
Emotional wellbeing	32	18.0 (14.8, 19.0)	19.0 (16.8, 21.0)	$p = 0.048^*$
Functional wellbeing	32	16.5 (11.0, 20.2)	20.0 (16.0, 25.0)	$p = 0.003^*$
Total wellbeing	31	71.0 (65.0, 87.8)	86.0 (70.5, 94.0)	$p = 0.020^*$

CONCLUSIONS

Nurse-led intervention to improve the management of CVD risk factors after breast cancer appears feasible and is associated with improvement in risk factors, self-management and quality of life making it a promising intervention for randomised studies.