FEASIBILITY OF A NURSE-ENABLED SHARED-CARE MODEL OF BREAST CANCER FOLLOW-UP: PILOT RANDOMISED CONTROLLED TRIAL

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BACKGROUND

- 5-year relative survival rates for early breast cancer surpass 90% in developed nations.
- Breast cancer follow-up care is largely based in acute care centres reliant on hospital-based specialists.
- This model is unable to keep up with growing demand and does not leverage the expertise of primary care providers.
- There is increasing focus on promotion of wellness in survivorship and active approaches to reducing morbidity related to treatment.

AIM

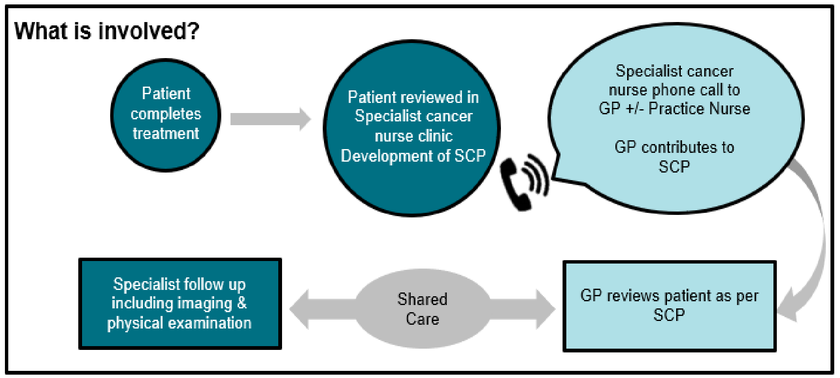
The aim of this study was to test the feasibility of implementing a nurse-enabled shared-care follow-up model for patients with early breast cancer.

METHODS

- A phase II randomised controlled trial was conducted.
- Participants were patients diagnosed with early breast cancer at the Princess Alexandra Hospital, Brisbane, Australia.
- Patient self-report questionnaires were collected at baseline, 3, 6, and 12 months following primary treatment completion.
- General estimating equations (GEE) were used to account for repeated measures data for linear and Poisson models.
- Following the on-study period, a subset of 20 participants took part in semi-structured qualitative interviews.
- Qualitative data analysis of verbatim transcripts was guided by the Consolidated Framework for Implementation Research (CFIR).

EMINENT INTERVENTION

- Patients in the intervention arm received a post-treatment clinic with a Specialist Cancer Nurse to develop a Survivorship Care Plan (SCP).
- The SCP was then provided to the patient's primary care provider
- Finally, a case conference between the nurse and primary care provider occurred to finalise the shared care pathway.



*SCP is a record of the patient's cancer and treatment history, as well as any follow-up arrangements for the patient's post-treatment care, including possible long-term effects of treatments, recommendations for GP, and self-management goals for achieving wellness.

RESULTS

- 352 patients were approached: 213 ineligible and 79 refused.
- 60 participants consented to the trial and were randomized to intervention (n=29) or usual care (n=31).
- 3 participants were lost to follow-up at 12 months resulting in a low attrition rate of 5% across all time-points.
- 27 participants received the nurse-led clinic (93%) and 27 case conferences occurred (93%).

RESULTS CONT.

- Overall, there was no difference between groups on primary outcomes of health related quality of life as measured by Functional Assessment of Cancer Therapy—Breast Cancer (FACT-B).
- No differences between groups were observed for secondary outcomes of diet, physical activity or financial toxicity.
- Patient satisfaction with the intervention was high (mean = 8.5/10)

QUALITATIVE CODING TO CFIR

- Key themes from the qualitative interviews related to:
  - "Inner setting" - timely and appropriate communication
  - "Outer setting" - partnerships and connections

Everything was shared with the GP because we were all working together. I think that does need to be improved… I really just thought it would automatically be shared with my doctor [GP].

It's nice to have that relationship with them, so, for me I'm not cut off. I've always got some reassurance or some guidance if I'm a bit concerned about something.

CONCLUSIONS

- The study protocol including data collection processes were feasible, with minimal attrition and high intervention fidelity.
- Effectiveness of the intervention was equivalent to standard care.
- Breast care nurses play a key role in providing support to patients and primary care providers and enabling shared care follow-up.

SCAN ME

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