

# Professionally-led metastatic breast cancer support groups: are they worthwhile, and if so, how and by whom should they be implemented?

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## BACKGROUND

Support groups can improve psychosocial wellbeing for people with breast cancer. Yet the utility of groups for those with metastatic breast cancer (MBC) remains underexplored. There is also little understanding of the factors influencing their set-up and sustainment.

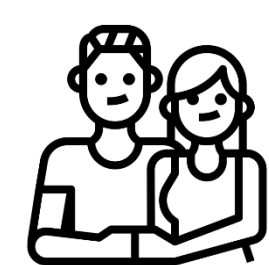
## AIMS

Our aim was to: (1) investigate the value of stage-specific MBC groups; and (2) identify system- and organisational-level factors influencing implementation and sustainment in Australia.

## METHODS

Semi-structured interviews with people with MBC, partners, group facilitators and key informants. Purposive sampling and community-recruitment techniques. Data were analysed thematically. Findings were triangulated across datasets. Implementation determinants were identified using the Consolidated Framework for Implementation Research.

## PARTICIPANTS (n=83)



**People with MBC:** n=28; age 34-75 years; median age = 56 years

**Partners of people with MBC:** n=16; age 40-81 years; median age = 57 years

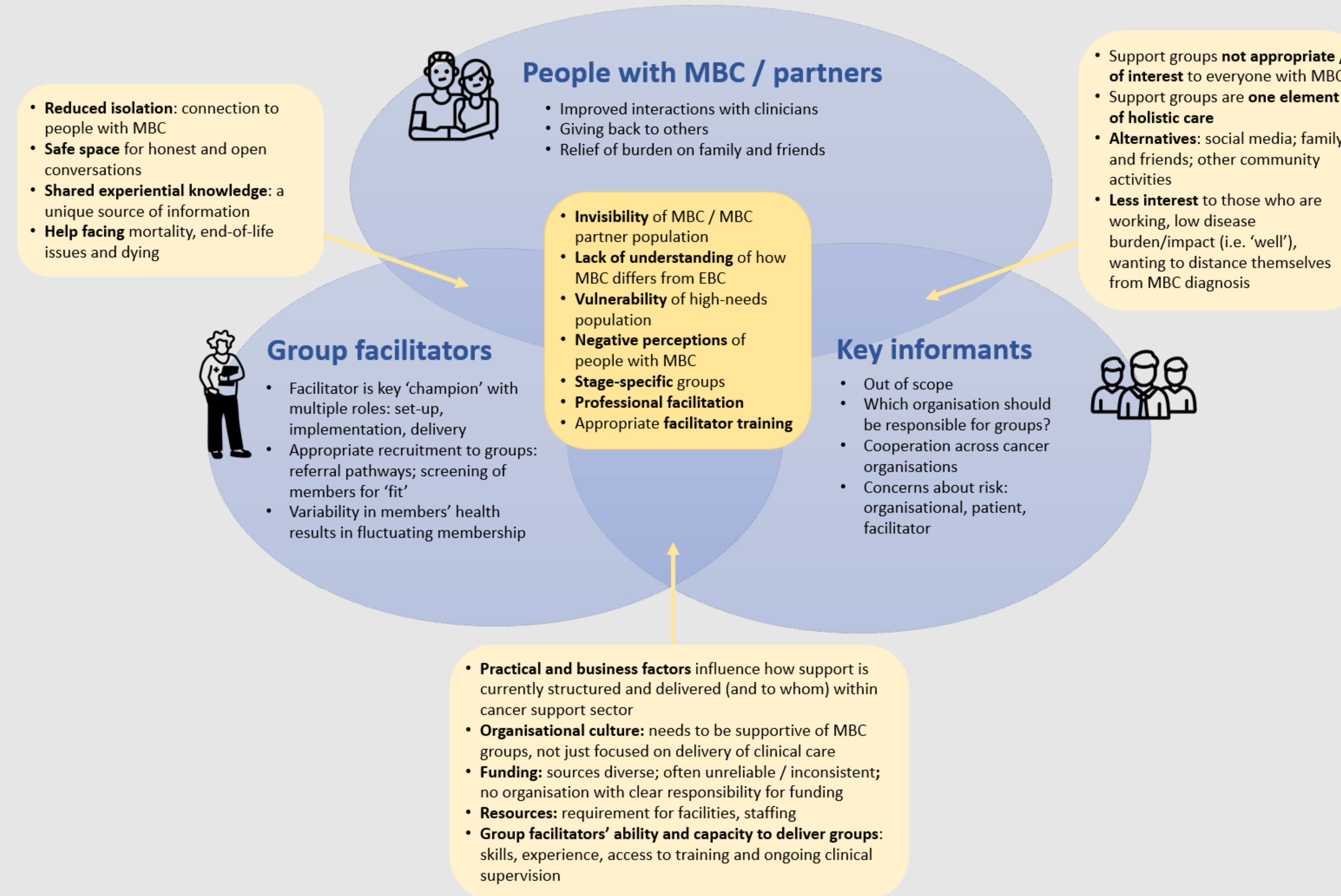


**Support group facilitators:** n=20; 45% had nursing background; 55% had backgrounds in counselling, social work or other



**Key informants:** n=19; from organisations with a focus on supportive care (79%), advocacy (68%), support group leader training (37%), research (32%), and delivery of MBC support groups (26%)

## RESULTS Cross-cutting themes: value of groups and factors influencing implementation



## MASCC-ASCO Standards and Practice Recommendations

- Person-centred care:** health systems that respond to their unique needs; offer self-management strategies
- Coordinated and integrated care:** health systems that offer models of peer support through support groups
- Sustainable and resourced care:** models of survivorship care that are sustainably designed, implemented and resourced; and embedded in settings with leadership that value, facilitate and invest in supportive care
- Accessible and equitable care:** models of cancer survivorship care are accessible (i.e. affordable, acceptable, available, appropriate) and equitable for all people affected by advanced/metastatic cancer.
- Evidence-based and comprehensive care:** health systems that provide evidence-based best practice and comprehensive supportive care programs; ongoing professional development of health care professionals

## RESULTS Service mapping



- 15 organisations delivering**
- 25 groups in total
- Most organisations offer 1 group**
- 1 group (n=12)
- 3 groups (n=2)
- 7 groups (n=1)
- Type of organisation**
- Community-based (n=6)
- Cancer centre/hospital-based (n=9)

## RECOMMENDATIONS

- Equity of access:** Address gaps that exist in equitable access to appropriate services for people with MBC/partners, i.e. importance of inclusivity / proper resource distribution across cancer trajectory
- Access to peer support:** Establish systems that allow people with MBC/partners to connect to peers in a way that aligns with their goals and respects their personal agency
- Market versus care logics:** Determine whose responsibility it is to deliver smaller, on-the-ground interventions given larger cancer NGOs are prioritising delivery of mass-reach interventions with easier-to-demonstrate impact over more resource intense service delivery options such as support groups
- Sustainability:** Ensure models of MBC/partner support group are sustainably designed and implemented, including adequate resourcing (human resources, facilities, leadership)
- Health professional training :** Develop a specialised training program for health professionals who wish to run MBC groups
- National Framework:** Develop a national framework that informs the governance, standards, recommended delivery model and running of MBC/partner groups