

A Specialist Breast Care Nurse Role for Women With Metastatic Breast Cancer: Enhancing Supportive Care

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Although improvements have been made in outcomes for women with early-stage breast cancer, as many as one third of women will develop and, subsequently, die from metastatic breast cancer. Although the prognosis for metastatic breast cancer generally is poor, median survival time from diagnosis of secondary disease is about three years; therefore, survival is highly variable (Johnston, 2010). Some women have rapidly progressive disease, whereas others can live with metastatic disease for as many as 10–15 years (Johnston & Swanton, 2006). A diagnosis of metastatic breast cancer has a profound emotional impact (Beacham, Hill, McDermott, O'Brien, & Turner, 2005), with the majority of women considering the recurrence more distressing than the original diagnosis (Warren, 2010). Some of these women experience clinically significant levels of distress (Caplette-Gingras & Savard, 2008; Turner, Kelly, Swanson, Allison, & Wetzig, 2005).

A wide variety of treatment options are available, including hormone therapy, chemotherapy, and new targeted therapies. These therapies are improving tumor response rates and, potentially, the survival of women with metastatic breast cancer (Geyer, Forster, & Lindquist, 2006; Miller, Wang, & Gralow, 2005). The care of women with metastatic disease usually involves a multidisciplinary team (MDT) of healthcare professionals, including medical and radiation oncologists, breast care nurses (BCNs), and palliative care specialists (Amir, Scully, & Borrill, 2004). Although the objective of the MDT is to provide optimal patient care, treatment and care may be fragmented.

Women diagnosed with metastatic breast cancer have unique and pressing

psychosocial needs that differ substantially from the needs of women diagnosed with early breast cancer (Johnston, 2010). Issues confronting this patient group include living with uncertainty, dealing with the emotional impact of a life-threatening diagnosis, experiencing a sense of loss of control, and grappling with existential distress (Sarenmalm, Thoren-Jonsson, Gaston-Johansson, & Ohlen, 2009; Warren, 2010).

The Specialist Breast Care Nurse Role

The specialist breast care nurse has training and expertise in the management, treatment, and follow-up of patients diagnosed with breast cancer (Liebert, Parle, White, & Rodgers, 2001). He or she is an important member of the multidisciplinary breast care team, providing a range of key interventions (e.g., psychosocial support, information, patient advocacy, acting as liaison among the various members of the healthcare team) (Amir et al., 2004; Cruickshank, Kennedy, Lockhart, Dosser, & Dallas, 2008). Patients diagnosed with primary breast cancer benefit from access to a specialist BCN in terms of receiving continuity of support (Halkett, Arbon, Scutter, & Borg, 2006) and information about treatment options and side effects as well as clinical trials (Campbell, Khan, Rankin, Williams, & Redman, 2006). Women with metastatic breast cancer, however, report that the information and support provided to them is inadequate compared to the services available to them at their primary diagnosis (Johnston, 2010). In an Australian study of 842 women seen by four breast cancer nurses, only 7% of the participants were women with advanced breast cancer, although this group of

women represented 35% of breast cancer cases in the hospital where the study was conducted (Aranda, Milne, & Osmond, 2002). BCNs also report that they often feel underresourced and ill-equipped to provide supportive care to patients with metastatic disease (Reed, Scanlon, & Felon, 2010). The Secondary Breast Cancer Taskforce established in the United Kingdom in 2006 identified a significant discrepancy between the level of supportive care received during women's treatment for primary breast cancer and

- Establish strong referral pathways from the physician to the breast care nurse to ensure that all women diagnosed with metastatic breast cancer have access to the service.
- Routinely elicit women's needs for information and support and the extent to which these are being met.
- Offer tailored information to women individually. This information may include resources on sexuality, lymphedema management, communication with children and family, clinical trials, treatment regimens, emotional coping, and complementary therapies.
- Refer patients to other services as needed, including psychology and social work, as well as physiotherapy and other support services.
- Be present as a patient advocate and provide contact with the medical team and other health professionals as required.
- Maintain a constant presence, providing continuity of care for the patient.

Figure 1. Key Objectives of the Metastatic Breast Care Nurse Role

Note. Based on information from National Breast Cancer Centre, 2000, 2005.