

Multi-Professional Breast Cancer Pre-habilitation: Education and Self-Empowerment

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Overview

- Background to the pathway
- Aims of the pathway
- How the pathway works
- Key development principles
- Key outcomes
- Key summary points
- Questions for the future
- Future plans



Background to the Pathway: Key Documents

- 2011 Transforming Your Care
- 2012 Transforming Cancer Follow Up
- 2012 Macmillan: The importance of physical activity for people living with and beyond cancer: A concise evidence review
- 2013 National Cancer Survivorship Initiative (NCSI) report 'Living with and beyond cancer: taking action to improve outcomes'



Background: Patient Focused

 Only 32% of breast cancer survivors participate in the recommended levels of physical activity at 3 years post diagnosis

Survivors have been shown to have a VO_{2max}
20-30% lower than healthy aged-matched
women due to deconditioning, notably loss of
muscle mass and long term effects of cancer
therapies

Background: Patient Focused

- 2016 patient focus group feedback:
 "The physical activity element should be earlier in the process"
- Early intervention at the point of diagnosis or soon after is the time patients are most receptive to new ideas and ways of living.
 Described as the 'teachable moment'

(Prof Jane Maher, Macmillan Cancer Support CMO)



Aims of the Pathway

- Educate breast cancer patients, from the point of diagnosis, on the benefits of physical activity
- Educate patients on potential barriers to physical activity eg lymphoedema, fatigue, cording, reduced range of movement and muscle strength, pain
- Provide timely self-referral access to Physiotherapy and Occupational therapy if required
- Support patients in carrying out physical activity throughout their treatment including access to tailored physical activity programmes
- Provide patients with the information and self-efficacy to continue with this activity independently, long-term, in their own community



How the Pathway Works

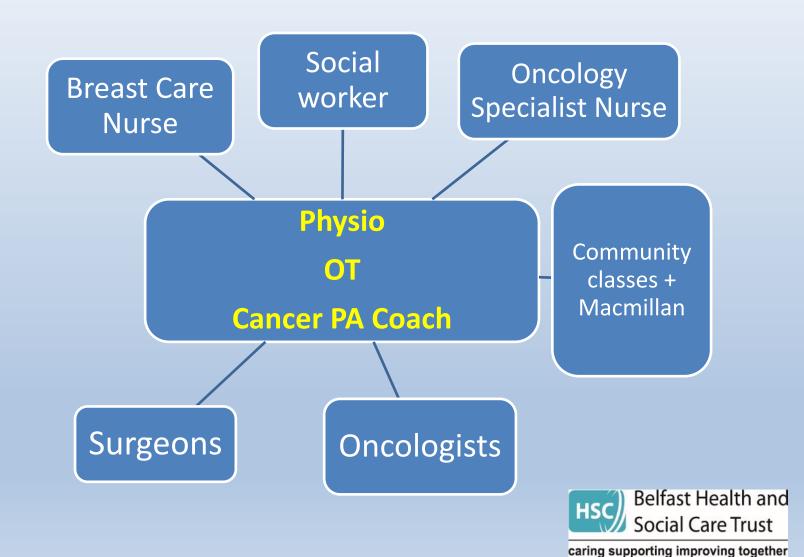
• Patient diagnosed with breast cancer and surgery recommended

•BCN give the patient a letter asking them to attend a pre-habilitation education session, as part of their overall treatment pathway

• Patient attends education session, ideally pre surgery. Education focuses on importance of PA and potential barriers to being PA as a direct result of cancer treatment modalities

• 6 weeks post surgery all patients are sent a letter to 'opt-in' to Physiotherapy, Occupational Therapy or Cancer PA Coach. Patients can access these HCPs for up to 12 weeks post completion of all treatment

Who is Involved?



Education Session

- Post-surgical exercises
- Importance of PA in improving QOL, rehabilitation and preventing recurrence
- Recommended levels of PA (DHSSPS, 2011)
- Barriers to PA and how to manage e.g. cording, lymphoedema, fatigue
- Work place issues and financial support
- Other support available fatigue management classes, PA coach, exercise classes, Macmillan information centre

Key Development Principles

- > Redevelopment of Physio breast cancer service
- > Changing culture and embedding practice
- Partnership working
- > Correct skill mix
- > Standardised approach for all patients
- > Patient education and self-empowerment
- > Patient self-referral
- > Peer support



Key Outcomes

➤ Attendance rates at education session = 60.4% of those asked to attend

➤ Percentage of patients phoning up for follow up with Physio , OT or Cancer PA Coach =16%

> 100% of those who attended felt it was an important part of their treatment plan



Key Outcomes

- ➤ Positive feedback from 2017 Patient focus group
- ➤ Of those patients who attended the physical activity sessions Psycho-social scores and 6 min walk test scores improved
- Cost savings from timely self-referral process

 including reduced GP appointments and timely
 management of the more acute issues (and not
 chronic stages)



Key Summary Points

- Gain full support from Surgeons, BCNs and Oncology
- Educate patients at the 'teachable moment'
- Focus on survivorship through patient selfefficacy especially now with self directed after care
- Have robust PA support in place and timely access to Physio and OT when most needed



Questions for the Future

 Does the pathway improve early intervention for lymphoedema thus reducing the need for intensive treatment and reliance on services?

 Is there an increase in physical activity during and post treatment in this patient group?

Does it improve QOL, return to work?



Future Plans

 Partnership with Friends of Cancer Centre to purchase 'pulleys' to further aid self-managed range of movement

 Sharing with other breast cancer teams via local Physio and OT specialist clinical interest groups

 Intra-trust rollout of weekly education model for other tumour groups

References

- DHSSPS (2011). Physical Activity Guidelines for Adults
- DHSSPS (2011). Transforming Your Care. A Review of Health and Social Care in Northern Ireland
- DHSSPS (2012) Transforming Cancer Follow Up
- Irwin, M.L., McTiernan, A., Bernstein, L., Gilliland, F.D., Baumgartner, R., Baumgartner, K. and Ballard-Barbash, R. (2004) 'Physical activity levels among breast cancer survivors', Medicine and Science in Sports and Exercise, 36(9), pp.1484-1491

References

- Macmillan (2012). The importance of physical activity for people living with and beyond cancer: A concise evidence review. Available at: http://www.macmillan.org.uk/Documents/AboutUs/Commi
 - http://www.macmillan.org.uk/Documents/AboutUs/Commissioners/Physicalactivityevidencereview.pdf
- National Cancer Survivorship Initiative (NCSI) (Department of Health (DH), Macmillan Cancer Support, NHS Improvement (2013). Living with and beyond cancer: Taking action to improve outcomes. London
- Peel, A.B., Thomas, S.M., Dittus, K., Jones, L.W. and Lakoski S.G. (2014) 'Cardiorespiratory fitness in breast cancer patients: A call for normative values', The Journal of the American Heart Association

