



## More than 800 patients in new breast care program

**The Comprehensive Breast Care Program (CBCP), launched in Oct. 2007 to support patients undergoing evaluation for breast abnormalities, has helped more than 800 patients navigate the complex diagnostic and care pathway for breast cancer treatment.**

Patients benefit from the comprehensive education and psychosocial support that is available even before a cancer diagnosis is confirmed. After diagnosis, patients are prepared for their care journey by a team including a social worker and nurse navigators with specialized training in breast health and oncology.

The benefits to referring family physicians are significant. Primary care doctors can request support in:

- identifying an available surgeon
- managing patients with complex benign conditions
- obtaining a consult with a medical breast expert
- monitoring the patient's progress if the family physician is unavailable due to vacation or absence.

The CBCP demonstration project is an Alberta Health and Wellness Wait Times Management initiative aimed at improving access and streamlining referrals for breast cancer diagnostic and surgical services. The CBCP project in the Edmonton area will be fully evaluated in March 2009, along with similar programs in the province, as Alberta prepares for a provincial model for breast cancer care.

### CBCP Medical Consultants

- Dr. Kelly Dabbs, Medical Lead & Surgical Consultant
- Dr. John Danyluk, Pathology Consultant
- Dr. Mary Hurlburt, Family Medicine Consultant
- Dr. Anil Abraham Joy, Medical Oncology Consultant
- Dr. Barb Krause, Breast Expert Consultant
- Dr. Joanne Swersky, Diagnostic Imaging Consultant
- Dr. Keith Tankel, Radiation Oncology Consultant
- Dr. Tim Terry, Diagnostic Imaging Consultant

## Lifelong interest in breast health for family physician turned breast expert

**Dr. Mary Hurlburt's route to becoming a breast expert started well before medical school, when she worked as a researcher with the breast tumour group at the Cross Cancer Institute.**

Nearly 30 years later, this family physician marvels at not only how much she has learned over three decades – but also how much of her education in breast health is yet to come.

“There is so much we don't yet know about breast cancer, especially in understanding what causes the disease,” says Hurlburt, energized from a weekend conference with her colleagues on the breast tumour group. “The opportunities before us are immense as we sort through what we know and what we don't know.”

Her pre-med-school days had her mining through 30 years of a “very robust data registry” to learn more about the etiology of breast cancer. Interestingly, the questions posed to breast cancer patients at that time regarding factors influencing their ‘hormone history’ (age of menarche, for example) are still asked today because they have some influence on the risk of breast cancer, even though most are not modifiable.

In the majority of instances we still don't know how to prevent breast cancer, says Hurlburt, but on the positive side there have been huge advances in treatments and survival rates over the past three decades. “Our best weapon continues to be early detection,” she says. “That is the biggest bullet we have at this time.

She now works closely with medical breast experts and radiologists to review the charts and DI results of patients whose subtle abnormalities may require more aggressive evaluation and monitoring, or perhaps simply reassurance that nothing has been missed. “Obvious breast cancers are easy to diagnose,” explains Hurlburt. “What is far more complex are the ones that aren't really clear – there may be symptoms or problematic findings, and we need to sort out which ones are due to benign problems and which ones are pre-cancerous conditions or represent early cancer. It's not always that easy to differentiate.”

Dr. Hurlburt praises the value of a multi-disciplinary approach to complex breast problems. “Case consultations are a very powerful tool, especially for patients with problems that are difficult to diagnose.” As a medical consultant to the Comprehensive Breast Care Program, she sees a lot of potential in supporting family physicians in areas such as diagnosis of symptoms or breast abnormalities; counselling and managing patients at high risk of breast cancer; and managing care post-treatment for cancer in select patients. “In the end, we all want to be confident in reassuring patients when changes appear benign, and ensure that those who need investigation receive it in a supportive and timely manner. That is such an important part of what we do.”

## New program name for Comprehensive Breast Care Program

**CBCP has changed its name from the Comprehensive Breast Cancer Program to the Comprehensive Breast Care Program to better reflect the breadth of services available to patients with and without cancer.**

“We encourage referrals as soon as abnormal breast changes are detected, such as a clinical change or abnormal mammogram,” explains CBCP Program Manager Janice Chobanuk. “A majority of these patients will **not** be positive for cancer, and therefore it is important that the program name recognizes the education and support offered to patients even before they receive a diagnosis.”

Patients positive for cancer continue to receive support until their care is established at the Cross Cancer Institute or other centres. Patients with benign results are discharged from the program and returned to primary care for either routine or specialized monitoring.



## What is navigation support?

**Navigation is a recent development aimed at supporting patients through the complex maze of health care delivery systems. Research is emerging to suggest that patients who receive navigation support from professionally trained nurses are less distressed, more informed about their disease, more confident regarding their care decisions, and more satisfied with their care experience<sup>1</sup>.**

Navigation is also a critical resource to primary care providers who may find they cannot meet all of the patient's expectations for education, support, barrier removal, follow-up, appointment bookings and records management. Navigation reduces the workload for primary care by clarifying specialist referral criteria, protocols, work-up requirements and processes.

The CBCP relies on a social worker and several professionally trained nurses to provide navigation support to patients. While some breast cancer patients simply need an overview of the care path they are about to embark upon, others may find they are struggling with issues such as fear, distress, family tension, financial concerns, difficulty making treatment decisions, or child care and transportation barriers. Nurse navigators are trained to assess patients' psychosocial needs, provide support and links to available resources, and alert the family physician to issues requiring more extensive intervention.

Nurse navigators also act as care coordinators to ensure:

- Patients are individually assessed to determine their unique care needs
- All steps and appointments in the care pathway are booked promptly
- Each referred patient meets the unique referral criteria and documentation required by individual specialists, sites or facilities
- Complete records are transferred between providers/sites in a timely manner
- Missed appointments are flagged and rebooked
- The family physician receives care updates and records

1 Cancer Care Nova Scotia. (2004). Cancer Patient Navigation Evaluation. Retrieved from <http://www.cancercare.ns.ca/media/documents/PatientNavigationEvaluationFindings.pdf>



## Professional learning opportunities in breast disease and cancer

Primary care physicians are invited to attend the following education sessions on breast disease and cancer. Both sessions are delivered by oncology, radiology and surgical experts from the Edmonton area.

### Breast imaging practices and recommendations

What new research is emerging in breast imaging? What are the advantages of film versus digital imaging? When is MRI indicated? Which patients should undergo more aggressive monitoring, and what are the recommended imaging and clinical evaluation cycles?

### The five Ws of breast reconstruction – what every family physician should know

Is breast reconstruction an insured service? When should reconstruction occur? What results can the patient expect? How long can reconstruction be delayed and still produce positive results? What are the latest developments in nipple reconstruction?

**For details about presenters, dates, locations and additional topics, please visit:**

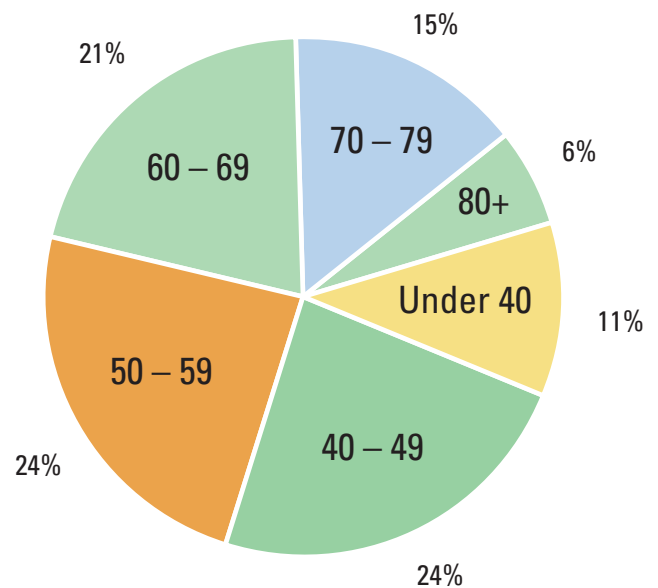
**[www.albertacancer.ca/Professionals/CBCP/](http://www.albertacancer.ca/Professionals/CBCP/)**

## Who is using the CBCP?

Between Oct. 2007 and Dec. 2008, the CBCP saw 819 new patient referrals from Edmonton and the surrounding area. Of these, 54% were referred by family physicians, 43% by surgeons, 1% via patient self-referrals (unattached patients), and 1% from other.

The primary reason for referral was surgery (63%), followed by diagnostic imaging (29%), psychosocial support (4%), and neo-adjuvant therapy (2%).

### Age of CBCP Patients Oct. 2007 – Dec. 2008



Patients may be referred into the Comprehensive Breast Care Program at any time in the care pathway, but ideally upon identification of abnormal breast changes (lump, suspicious mammogram, or other clinical findings).

**To refer:** Complete the CBCP referral form:

- Available online at:  
[www.albertacancer.ca/Professionals/CBCP/](http://www.albertacancer.ca/Professionals/CBCP/)
- Available on netcare at:  
<http://netcarehome.capitalhealth.ca>

**Fax referral to:** 780.643.4488

**For information:**

To access other clinical or patient support services, call the CBCP office at:  
780.638.CBCP (2227)

**Mailing address:**

Ste. 1500, 10123 – 99 St NW  
Edmonton, AB T5J 3H1