

Breast Cancer

Survivorship care case study, care plan, and commentaries

When delivering survivorship care, a nurse may start with incomplete information about the cancer survivor's treatment and follow-up. Therefore, this breast cancer package includes an incomplete case study and care plan, and then follows with commentaries from expert nurses about their approach to comprehensive survivorship care.

This case study highlights the patient's status in care plan format and is followed by commentaries from expert nurse clinicians about their approach to manage the patient's long-term or chronic cancer care symptoms. Finally, an additional expert nurse clinician summarizes the care plan and commentaries, emphasizing takeaways about the patient, the commentaries, and additional recommendations to manage the patient.

As can happen in clinical practice, the patient's care plan is intentionally incomplete and does not include all pertinent information. Responding to an incomplete care plan, the nurse clinicians offer comprehensive strategies to manage the patient's status and symptoms.

For all commentaries, each clinician reviewed the care plan and did not review each other's commentary. The summary commentary speaks to the patient's status, care plan, and nurse commentaries.

KEYWORDS

breast cancer; survivorship care; care plan; case study

DIGITAL OBJECT IDENTIFIER

10.1188/21.CJON.S2.34-42

Case Study

A.B. is a 57-year-old second-generation Mexican American woman, diagnosed with breast cancer detected on a mammogram. She has completed four years of anastrozole and presents for routine follow-up with a new medical oncologist because her previous oncologist retired from clinical practice (see Figure 1).

- Vital signs
 - Blood pressure: 152/84
 - Temperature: 97.9°F (36.6°C)
- Height: 5'6" (1.676 m)
- Weight: 69.4 kg (153 lb)
- Body mass index: 24.69 kg/m²
- Last menses: age 53 years with chemotherapy
- Care gaps: no history of colonoscopy
- Oncology history: malignant neoplasm of overlapping sites of right breast; estrogen receptor–positive (C50.811; Z17.0)
- Other relevant histories: allergies to dust, seasonal allergies, and some antibiotics; hypothyroidism
- Tobacco use history: never smoker
- Medication list
 - Fluticasone propionate: 50 mcg per spray, suspension nasal inhaler administered with 2 sprays in each nostril daily
 - Anastrozole: 1 mg by mouth daily
 - Cetirizine: 10 mg tablet by mouth daily
 - Levothyroxine: 50 mcg tablet by mouth daily

A.B. was diagnosed with breast cancer when she was aged 53 years. Her paternal grandmother died from breast cancer when aged 47 years, and her father died from prostate cancer when aged 59 years. She is a high school math teacher and is married with two daughters and a son. Her youngest daughter lives with her intermittently when not at college.

A.B. states that she experiences occasional fatigue, hot flashes, and shortness of breath or heart racing when walking up stairs. Since beginning anastrozole, she has not had bone density testing.

Challenges and Questions

Staging information is not always available or is incomplete. Clinical cancer staging was completed based on A.B.'s surgical procedure and findings when pathologic staging should have completed. Histology of breast cancer was not received. Stage is shown as III and IIB. The patient was diagnosed when the staging system changed; ideally, the staging system used should be noted.

- The total dose of radiation would be important to have documented in case A.B. has local regional recurrence.
- Radiation and surgery to axilla increases the risk of lymphedema.