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McGrath Model Of Care

McGrath Foundation

ABOUT THE MCGRATH MODEL OF CARE

The McGrath Model of Care for Early breast care nursing in Australia (Model) defines and standardises the way breast care nursing is delivered across the continuum of care including diagnosis, treatment, rehabilitation and follow-up care.

This is the second version of the McGrath Model of Care, and includes updates relevant to early breast cancer since the original Model was released in 2019.

The guiding principles for the update of the Model were patient centricity, local flexibility and equity of access. The Model has been developed to support and enhance the delivery of multi-disciplinary care and evidence-based practices for all people with breast cancer.

Breast cancer rates within Australia continue to grow, with an estimated 20,640 new cases in 2022[1]. In addition, treatments have advanced and psychosocial and supportive care continues to play a greater role in treating and caring for people with breast cancer. As the largest funder of breast care nurses (BCNs) in Australia, the McGrath Foundation has a mission to provide supportive care to all patients and families experiencing breast cancer. By leading the updates to this Model the McGrath Foundation continues to enhance and standardise breast care nursing practice and deliver improved care to patients across Australia.

An expert working group guided the development of the new Model. This group included patients, industry experts, researchers, representatives of peak bodies, professional bodies and Government.

In addition, BCNs and patients were consulted at workshops around the country. The Model is designed to be used by BCNs in Australia and we hope that its use will improve learning and development, drive further research and, most importantly, improve care and outcomes for patients diagnosed with breast cancer.

It is important to note the Model is not intended to replace clinical practice guidelines nor does it constitute medical advice or replace clinical judgement.

Acknowledgements for and endorsements of the Model can be found at the end of this document.

USING THIS DOCUMENT

This document is an interactive PDF representation of the *McGrath Model of Care.*

It is intended to be used as a reference guide by BCNs to assist in providing care to patients. The document can be printed and the relevant sections referred to, or users can click on the relevant menu items on each page to navigate around the document.

The role of the BCN

The role of the BCN is to support patients and their carers/families following the diagnosis of breast cancer, including assessing and managing symptoms of the disease and treatment side effects, promoting selfcare and enhancing self-efficacy through guidance, education and the facilitation of a multidisciplinary approach to the individual patient's care and wellbeing.

Non-invasive breast cancer and other breast conditions

Non-invasive breast cancer such as ductal carcinoma in situ (DCIS) is currently not included in the cancer incidence rates in Australia. Given that the aim of treatment for non-invasive breast cancers is to prevent invasive breast cancer, many of the same treatment modalities are employed. The Model is designed for use with invasive and non-invasive breast cancer as well as with patients with other breast conditions. BCNs should use the relevant parts of the Model to support patients who are receiving treatment for non-invasive breast cancers such as DCIS (or other breast conditions) and adjust support based on individual treatment plans and circumstances of these patients.

Reference 1: Australian Institute of Health and Welfare 2022. Cancer data in Australia. Cat. no. CAN 122. Canberra: AIHW.

USING THIS DOCUMENT

Definition of components in the Model

Key points	The fundamental components of information and support that allow the BCN to fulfill the minimum required considerations of this stage of care; may occur over multiple consultations.
Delivery modality (contacts)	The mode by which the contact is delivered, e.g. face-to-face, telephone, email or telehealth. Considerations include the stage in pathway, the type of information being provided, how often contact is being made and the individual needs of the patient.
Multidisciplinary Team (MDT)	Advocacy on behalf of the patient to inform clinicians, nurses and allied health professionals to plan investigations and treatment for patients with breast cancer.
Resources for nurses	Clinical or other resources that can be used by BCNs to provide the information and support set out in key points.
Assessment tools	Assessment tools that are recommended for use at each stage of care.
What is next for the patient? Who needs to know?	Considerations looking forward, including whether follow up appointments may be required, or whether another BCN may be involved (e.g. if treatment is being provided to a rural patient at a metropolitan hospital).
Common referrals	Services that may be required at the stage of care, also informed by assessment tools; may include services within the health setting, as well as other supports in the community.
Resources for patients	Information and services that a patient and/or their families/carers can access relevant to the stage of care.
Living well	Introduction and facilitation of lifestyle modifications to prepare the patient for life after breast cancer and related treatments.

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OVERARCHING CONSIDERATIONS

There are various decisions a BCN must make when planning for and providing care to patients. Outlined below are some commonly identified considerations that may result in patients not receiving optimal treatment. While each consideration relates largely to the individual patient undergoing treatment, there is also a need to consider how each consideration may also apply to and impact family and loved ones.

Patient and family safety

The capacity for patients and their families to engage in treatment may be impacted by their individual circumstances, including the presence of any immediate or foreseeable issues that place their personal safety at risk. Thus, patients at risk may require additional psychosocial support and service coordination to ensure they have access to available and appropriate services. Additional consideration should also be given to the appropriateness of intervention elements across the stages of the treatment pathway.

Literacy

Patients with poor general and/or health literacy often present later, have difficulty understanding the disease process and benefits/harms of treatments and may require greater support from the treating team to ensure they understand their treatment options and can make appropriate choices for their care. These patients may require extra time with a BCN to understand information, which may have to be provided in various formats e.g. the use of videos rather than written information.

Health beliefs

Patients' individual beliefs about their health, available treatments and the health system play a key role in influencing their health-related behaviours including decision making, treatment adherence and service transition. Thus, some patients may choose personnel and treatment options that best align with their belief systems. Supportive care should consider patients' spiritual needs, underlying beliefs and existential concerns at all stages of the treatment trajectory.

Patient age

A patient's age may impact concerns relating to their diagnosis and treatment options. The following considerations should be taken into account when supporting patients of varying ages throughout their treatment journey:

- Patients may have concerns relating to body image, caring for children or other family members, and oncofertility.

Patient gender identity

Consideration should be given to men, patients who identify as LGBTIQ+ and patients and carers who may require tailored psychosocial assessment and support. Additional information is available here:

LGBTIQ+ friendly breast cancer services

Connectivity and technology

Some patients may have limited connectivity or access to devices to support communication and care delivered via telecommunication platforms. Thus, consideration should be given at the point of first contact for how patients who are likely to face challenges in accessing information and care electronically can be best supported through their treatment.

OVERARCHING CONSIDERATIONS

Aboriginal and Torres Strait Islander

Cancer incidence and treatment outcome profiles differ between Aboriginal and Torres Strait Islander peoples and non-indigenous Australians. Additionally, health is viewed by Indigenous Australians holistically, with intrinsic links existing between health and connection to land, culture and community. For Aboriginal and Torres Strait Islander peoples, Cancer Australia recommends:

Cancer what to expect

Our Mob and Cancer

Breast cancer handbook Aboriginal and Torres Strait Islander health workers

Culturally and linguistically diverse

The cultural and spiritual needs of a patient should be respected in the delivery of care and provision of information. For example, within some cultures there is a stigma associated with cancer. Thus, the patient may be reluctant to discuss screening, diagnosis and/or treatment. Culturally safe practices should be implemented for all patients.

Comorbidities

The patient may have pre-existing physical and/or mental health conditions or comorbidities that negatively affect breast cancer treatments and the efficacy of treatments, and in some cases, may result in the exclusion of treatment options.

Employment

Treatments for cancer are likely to require a patient to take time off work. Additionally, they may need to access financial support and support services to manage work and financial commitments. Patients may choose treatment options that limit time away from work.

Family and social supports

A patients' socioeconomic status, geographic location (i.e. rural/regional/metro) and level of social support may affect decision making and treatment adherence. Social support includes family, friends and community such as church or community groups and volunteer organisations. These areas should be taken into consideration to assess if a patient has a need for emotional and social support and referral to support services.

Existing connections

Many patients may already be well known to external service providers. Some patients may choose treatment options that support ongoing connection with existing services, while some patients may seek to cease contact during their breast cancer treatment. Consider the information and services that may have already been provided to patients and complete referrals and liaison to/from existing services as required.

IS THIS YOUR FIRST CONTACT WITH THE PATIENT?

Patients may enter your care at any point outlined in this Model. Some key considerations at the point of entry include:

Has the patient had contact with another BCN?

- Is that BCN their 'usual' or 'primary' BCN? If so, provide the primary BCN with any updates
- If the patient is new to you and is located within your area, establish contact and continuity
- If the patient is not in their local area, the local BCN should provide the majority of care and access the supporting BCN at crises touch points during treatment and refer the patient back to their usual BCN

What stage is the patient entering the pathway?

- If this is after diagnosis, have you considered support and referrals that are included at earlier stages in the Model that may not yet have been implemented?

What services and information has the patient already been provided?

- The patient should receive services and information that meet their needs at their stage of care

DIAGNOSIS (OR FIRST CONTACT)

KEY POINTS

- Ambulance cover
- Breast care service admission
- Cancer in Australia
- History of diagnosis
- Breast cancer histopathology
- Family history
- Molecular profiling
- Genomic sequencing
- Treatment goals
- Expected response to treatment
- Symptom management
- Financial implications of treatment pathway
- Oncofertility
- Dental health
- Existing support care team
- Out of pocket pharmaceutical costs
- Current treatment plan (consider concurrent treatments i.e. Chemo/immunotherapy and non-cancer treatments)
- Safe sex and contraception
- Multidisciplinary team (MDT) meeting and involvement
- General Practitioner (GP) or GP clinic
- Employment and financial assistance referrals
- Exercise and physical activity
- Social and emotional needs
- Clinical trial considerations
- Lymphoedema screening, education, risk and management

LIVING WELL

- Encourage ongoing GP contact for comorbid condition management, immunisation, screening, chronic disease, mental health care plan, and other health concerns
- Offer health promotion and lifestyle maintenance solutions
- Facilitate healthy lifestyle modifications
- Facilitate advance care planning for patients aged over 75 years of age and support patient-directed advance care planning for patients aged under 75 years
- Survivorship Care Plan

DELIVERY MODALITY (CONTACTS)

- Face-to-face initial meeting; first meeting should be within 7 days of diagnosis
- 1–3 contacts

DELIVERY CONSIDERATIONS

- Need for interpreter services
- Patient's hearing status
- Patient's vision status

The listed number and types of contacts are a guide only and should be adjusted in line with BCN and/or patient discretion and the overarching considerations listed on pages 5-6.

DIAGNOSIS (OR FIRST CONTACT)

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INFORMATION FOR PATIENTS

MULTIDISCIPLINARY TEAM

Actively advocate for patient with MDT in the following ways, if appropriate:

- Discuss patient preferences for treatment
- Assess psychosocial needs
- Consider ECOG
- Review family history and refer for genetic testing, if appropriate
- Consider if patient is on, or should be considered for, a clinical trial and involve a clinical trials coordinator if necessary
- Discuss fertility and oncofertility
- Facilitate communication with patient's General Practitioner
- Discuss eligibility for genomic testing
- Consider appropriateness for oncogeriatric clinic and facilitate referral

RESOURCES FOR NURSES

- Clinical practice guidelines for the management of patients with breast cancer
- Clinical supervision
- MDT and GP
- Clinical trials
- Male breast cancer patient information
- Structured pathology reporting
- Informed financial consent
- Culturally safe communication skills
- COSA exercise guidelines
- Breast cancer handbook – Aboriginal and Torres Straight Islander

ASSESSMENT TOOLS

Consider findings from the following assessment tools, and provide information and referrals accordingly:

- NCCN Distress Thermometer and Problem List for Patients (Distress Thermometer and Problem List)

Distress Thermometer and Problem List

If prior to initial specialist consult, give special consideration to the distress of the patient, given the limited information about diagnosis and prognosis

- The Eastern Cooperative Oncology Group (ECOG) tool

DIAGNOSIS (OR FIRST CONTACT)

INFORMATION FOR NURSES

INFORMATION FOR PATIENTS

WHAT IS NEXT FOR THE PATIENT? WHO NEEDS TO KNOW?

- Does the patient have an appointment with their treating specialist?
- Is the patient aware of the differences between public and private options?
- Is there another BCN involved in the patient's care?
- Is the patient aware of the next planned BCN contact?

COMMON REFERRALS

- Provide referral to the following, as needed:
  - Cultural liaison officer
  - Dentist
  - Exercise Physiologist
  - Mental health services
  - Social worker
  - Specific services for children
- Coordinate:
  - Practical assistance
  - Transportation and parking
  - Travel and accommodation

RESOURCES FOR PATIENTS

- Cancer Council
- CanTeen
- Find a Nurse (McGrath Foundation)
- MediKidz
- Mummy's Wish
- My Journey Online Tool (BCNA)
- Peer support
- Private/trauma/income insurance (patient dependent)
- My aged care
- Carers gateway
- Neoadjuvant patient decision aid
- Our Mob and Cancer
- Parking options / subsidies
- Dr Charlotte Tottman – Upfront About Breast Cancer
- 1800RESPECT

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NEO-ADJUVANT

KEY POINTS

- Diagnosis information
- Breast cancer histopathology
- Family history
- Molecular profiling
- Genomic sequencing
- Current treatment plan
- Treatment goals
- Expected response to treatment
- Quality of life and likely experience with treatment
- Symptom management
- Financial implications of treatment pathway
- Oncofertility
- Dental health
- Out of pocket pharmaceutical costs
- Current treatment plan (consider concurrent treatments i.e. Chemo/ immunotherapy and non-cancer treatments)
- Safe sex and contraception
- MDT meeting and involvement
- Employment and financial assistance referrals
- Exercise and physical activity
- Social and emotional needs
- Clinical trial considerations
- Lymphoedema screening, education, risk and management

LIVING WELL

- Encourage ongoing GP contact for comorbid condition management, immunisation, screening, chronic disease, mental health care plan, and other health concerns
- Offer health promotion and lifestyle maintenance solutions
- Facilitate healthy lifestyle modifications
- Facilitate advance care planning for patients aged over 75 years of age and support patient-directed advance care planning for patients aged under 75 years
- Survivorship Care Plan

DELIVERY MODALITY (CONTACTS)

- Face-to-face at commencement of treatment; contact 2–3 days post treatment and as required, and at change of treatment
- 2–4 contacts

The oncology service or nurse may be first point of contact during this stage - level of patient contact should be dependent on availability of oncology unit/nurses

DELIVERY CONSIDERATIONS

- Need for interpreter services
- Patient's hearing status
- Patient's vision status

The listed number and types of contacts are a guide only and should be adjusted in line with BCN and/or patient discretion and the overarching considerations listed on pages 5-6.

NEO-ADJUVANT

INFORMATION FOR NURSES
INFORMATION FOR PATIENTS

MULTIDISCIPLINARY TEAM

Actively advocate for patient with MDT in the following ways, if appropriate:

- Discuss patient preferences for treatment
- Assess psychosocial needs
- Consider use of central venous access device (CVAD)
- Consider use of ECOG
- Review family history and refer for genetic testing, if appropriate
- Consider if patient is on, or should be considered for, a clinical trial and consider involving a clinical trials coordinator
- Discuss fertility and oncofertility
- Facilitate communication with patient's General Practitioner

RESOURCES FOR NURSES

- Clinical supervision
- **eviQ protocol**
- **Macmillan Cancer Support**
- Neo-adjuvant Systemic Therapy (NAST) - local protocols (if available)
- Clinical trials
- MDT guidelines
- Informed financial consent
- Culturally safe communication skills
- COSA exercise guidelines

ASSESSMENT TOOLS

Consider findings from the following assessment tools, and provide information and referrals accordingly:

Distress Thermometer and Problem List

- The Eastern Cooperative Oncology Group (ECOG) tool

NEO-ADJUVANT

INFORMATION FOR NURSES

INFORMATION FOR PATIENTS

WHAT IS NEXT FOR THE PATIENT? WHO NEEDS TO KNOW?

- Ensure the patient has an appointment with their treating specialist after completion of neo-adjuvant treatment
- Inform other BCN
- Inform GP at change of treatment
- Liaison and facilitation of ongoing treatment
- Ensure patient knows who to contact if an emergency occurs
- Discuss pathological complete response testing and next steps
- Next steps to be determined by histopathology
- Is the patient aware of the next planned BCN contact?

COMMON REFERRALS

- Facilitate referral back to treating specialist mid-cycle of chemotherapy (+/- with MRI)
- Provide referral to the following, as needed:
    - Dentist
    - Exercise Physiologist
    - Lymphoedema Therapist (early intervention)
    - Nutritionist/Dietician
    - Pharmacist
    - Symptom urgent review clinics/ Rapid assessment unit
- Coordinate:
    - Cardiac investigations
    - CVAD
    - Travel and accommodation

RESOURCES FOR PATIENTS

- Cancer Council
- eviQ protocol
- Jean Hailes Foundation
- Look Good Feel Better
- My Journey Online Tool
- Oncology nurse
- Peer support
- Wig/scarf service
- Understanding taste and smell changes
- My aged care
- Carers gateway
- Neoadjuvant patient decision aid
- Our Mob and Cancer
- Parking options / subsidies
- 1800RESPECT

PRE-SURGERY

KEY POINTS

- Family history/genetic testing
- Expected response to treatment
- Reconstruction options
- Pre-/post-surgical expectations
- Symptom management
- Financial implications of treatment pathway
- Oncofertility
- Current treatment plan (consider concurrent treatments i.e. Chemo/ immunotherapy and non-cancer treatments)
- Out of pocket pharmaceutical costs
- Safe sex and contraception
- MDT meeting and involvement
- Employment and financial assistance referrals
- Exercise and physical activity
- Social and emotional needs
- Clinical trial considerations
- Lymphoedema screening, education, risk and management

DELIVERY MODALITY (CONTACTS)

- Face-to-face
- Telehealth as required
- 1–2 contacts

DELIVERY CONSIDERATIONS

- Need for interpreter services
- Patient's hearing status
- Patient's vision status

The listed number and types of contacts are a guide only and should be adjusted in line with BCN and/or patient discretion and the overarching considerations listed on pages 5-6.

LIVING WELL

- Encourage ongoing GP contact for comorbid condition management, immunisation, screening, chronic disease, mental health care plan, and other health concerns
- Offer health promotion and lifestyle maintenance solutions
- Facilitate healthy lifestyle modifications
- Facilitate advance care planning for patients aged over 75 years of age and support patient-directed advance care planning for patients aged under 75 years
- Survivorship Care Plan

PRE-SURGERY

INFORMATION FOR NURSES

INFORMATION FOR PATIENTS

MULTIDISCIPLINARY TEAM

Actively advocate for patient with MDT in the following ways, if appropriate:

- Discuss patient preferences for treatment
- Assess psychosocial needs
- Consider CVAD
- Consider ECOG
- Refer for genetic testing, if appropriate
- Consider if patient is on, or should be considered for, a clinical trial and consider involving a clinical trials coordinator
- Discuss fertility and oncofertility
- Discuss breast reconstruction
- Facilitate communication with patient's General Practitioner

RESOURCES FOR NURSES

- Clinical supervision
- Local Health District (LHD) surgical pathways or guidelines
- Clinical trials
- Informed financial consent
- Culturally safe communication skills
- COSA exercise guidelines

ASSESSMENT TOOLS

Consider findings from the following assessment tools, and provide information and referrals accordingly:

Distress Thermometer and Problem List

- The Eastern Cooperative Oncology Group (ECOG) tool

PRE-SURGERY

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WHAT IS NEXT FOR THE PATIENT? WHO NEEDS TO KNOW?

- Ensure the patient has an admission date for surgery
- Advise patient as to when pathology results will be available
- Advise patient of possible short length of stay with inclusion of community support
- Is the patient aware of the next planned BCN contact?

COMMON REFERRALS

- Provide referral to the following, as needed:
    - Clinical trials coordinator
    - Exercise Physiologist
    - Lymphoedema Therapist
    - Physiotherapist
    - Nutritionist/Dietitian
- Coordinate:
    - Pre-admission clinic appointment
    - Pre-anaesthetic appointment
- Provide information about reconstruction options

RESOURCES FOR PATIENTS

- Breconda
- Cancer Council
- Cancer – How are you travelling?
- My Care Kit
- My Journey Online Tool
- Peer support
- Post-surgical bra, soft form, drain bags and cushions
- Reclaim your Curves
- My aged care
- Carers gateway
- Our Mob and Cancer
- Parking options / subsidies
- 1800RESPECT

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POST-SURGERY

KEY POINTS

- Diagnosis information
- Breast cancer histopathology
- Family history
- Molecular profiling
- Genomic sequencing
- Treatment goals
- Expected response to treatment
- Reconstruction options
- Symptom management
- Financial implications of treatment pathway
- Oncofertility
- Range of movement
- Current treatment plan (consider concurrent treatments i.e. Chemo/ immunotherapy and non-cancer treatments)
- Out of pocket pharmaceutical costs
- Safe sex and contraception
- MDT meeting and involvement
- Employment and financial assistance referrals
- Exercise and physical activity
- Social and emotional needs
- Clinical trial considerations
- Lymphoedema screening, education, risk and management

LIVING WELL

- Encourage ongoing GP contact for comorbid condition management, immunisation, screening, chronic disease, mental health care plan, and other health concerns
- Offer health promotion and lifestyle maintenance solutions
- Facilitate healthy lifestyle modifications
- Facilitate advance care planning for patients aged over 75 years of age and support patient-directed advance care planning for patients aged under 75 years
- Survivorship Care Plan

DELIVERY MODALITY (CONTACTS)

- Moderate according to treatment plan
- Face-to-face
- Telehealth 1-5 days post discharge from hospital
- 3-5 contacts
- Phone call/telehealth 2 weeks post surgery according to treatment plan

DELIVERY CONSIDERATIONS

- Need for interpreter services
- Patient's hearing status
- Patient's vision status

The listed number and types of contacts are a guide only and should be adjusted in line with BCN and/or patient discretion and the overarching considerations listed on pages 5-6.

POST-SURGERY

INFORMATION FOR NURSES

INFORMATION FOR PATIENTS

MULTIDISCIPLINARY TEAM

Actively advocate for patient with MDT in the following ways, if appropriate:

- Discuss patient preferences for treatment
- Assess psychosocial needs
- Consider ECOG
- Refer for genetic testing, if appropriate
- Consider if patient is on, or should be considered for, a clinical trial and consider involving a clinical trials coordinator
- Discuss fertility and oncofertility
- Facilitate communication with patient's General Practitioner

RESOURCES FOR NURSES

- Clinical supervision
- LHD surgical pathways or guidelines
- Clinical trials
- Range of movement exercises
- Informed financial consent
- Culturally safe communication skills
- COSA exercise guidelines

ASSESSMENT TOOLS

Consider findings from the following assessment tools, and provide information and referrals accordingly:

Distress Thermometer and Problem List

- The Eastern Cooperative Oncology Group (ECOG) tool

POST-SURGERY

INFORMATION FOR NURSES

INFORMATION FOR PATIENTS

WHAT IS NEXT FOR THE PATIENT? WHO NEEDS TO KNOW?

- What treatment modality is next (medical or radiation oncology)?
- Advise patient as to when pathology results will be available
- Inform other BCN
- Inform GP at change of treatment
- Advise patient about:
  - Rapid access points
  - Reconstruction follow-up
  - Seroma management
- Lymphoedema treatment
- Regaining range of movement
- Is the patient aware of the next planned BCN contact?

COMMON REFERRALS

- Provide referral to the following, as needed:
  - Cancer Council
  - Community nursing support
  - Exercise Physiologist
  - GP
  - Lymphoedema Therapist
  - Physiotherapist
  - Prosthesis
  - Psychosocial services for patient and family members
  - Symptom urgent review clinics/Rapid assessment unit
- Coordinate:
  - CVAD
  - Practical assistance
  - Specific services for children

RESOURCES FOR PATIENTS

- Breconda
- Cancer Council
- CanTeen
- Community nurses and wound care
- iPrevent
- My Journey Online Tool
- Pathology fact sheet
- Peer support
- Private/trauma/income insurance (patient dependent)
- Reclaim your curves
- My aged care
- Carers gateway
- Services Australia reimbursement program
- Our Mob and Cancer
- Parking options / subsidies
- 1800RESPECT

CHEMOTHERAPY (oral and IV agents)

KEY POINTS

- Diagnosis information
- Breast cancer histopathology
- Family history
- Molecular profiling
- Genomic sequencing
- Current treatment plan
- Treatment goals
- Prognosis
- Expected response to treatment
- Symptom management
- Treatment adherence and compliance
- Financial implications of treatment pathway
- Oncofertility
- Current treatment plan (consider concurrent treatments i.e. Chemo/ immunotherapy and non-cancer treatments)
- Out of pocket pharmaceutical costs
- Taste changes
- Dental health / oral care
- Safe sex and contraception
- MDT meeting and involvement
- Employment and financial assistance referrals
- Exercise and physical activity
- Social and emotional needs
- Clinical trial considerations

LIVING WELL

- Encourage ongoing GP contact for comorbid condition management, immunisation, screening, chronic disease, mental health care plan, and other health concerns
- Offer health promotion and lifestyle maintenance solutions
- Facilitate healthy lifestyle modifications
- Facilitate advance care planning for patients aged over 75 years of age and support patient-directed advance care planning for patients aged under 75 years
- Survivorship Care Plan

DELIVERY MODALITY (CONTACTS)

- Contact 2-3 days post first treatment cycle administration as required
- Face-to-face at commencement of treatment; contact 2–3 days post treatment and as required, and at change of treatment
- 2–4 contacts

Preference for the oncology service or nurse be first point of contact during this stage - Level of patient contact should be dependent on availability of oncology unit/ nurses

DELIVERY CONSIDERATIONS

- Need for interpreter services
- Patient's hearing status
- Patient's vision status

The listed number and types of contacts are a guide only and should be adjusted in line with BCN and/or patient discretion and the overarching considerations listed on pages 5-6.

CHEMOTHERAPY (oral and IV agents)

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MULTIDISCIPLINARY TEAM

Actively advocate for patient with MDT in the following ways, if appropriate:

- Discuss patient preferences for treatment
- Assess psychosocial needs
- Consider CVAD
- Consider ECOG
- Refer for genetic testing, if appropriate
- Consider if patient is on, or should be considered for, a clinical trial and consider involving a clinical trials coordinator
- Discuss fertility and oncofertility
- Patient pharmaceutical access scheme
- Oncologist contact
- Clinical trials team
- Facilitate communication with patient's General Practitioner
- Discuss prescription of endocrine therapy

RESOURCES FOR NURSES

- Clinical supervision
- eviQ protocol
- Macmillan Cancer Support
- Clinical trials
- MDT guidelines
- Immunotherapy
- eviQ Telephone triage kit
- eviQ medical oncology resources
- Informed financial consent
- Culturally safe communication skills
- COSA exercise guidelines

ASSESSMENT TOOLS

Consider findings from the following assessment tools, and provide information and referrals accordingly:

Distress Thermometer and Problem List

at cycle 1 and as required

Brief Fatigue Inventory

- The Eastern Cooperative Oncology Group (ECOG) tool

CHEMOTHERAPY (oral and IV agents)

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INFORMATION FOR PATIENTS

WHAT IS NEXT FOR THE PATIENT? WHO NEEDS TO KNOW?

- Ensure patient has appointment with radiation oncologist near completion of chemotherapy for consultation and planning
- Inform GP of change in treatment
- Is the patient aware of the next planned BCN contact?

COMMON REFERRALS

- Provide referral to the following, as needed:
  - Cancer Council
  - Dentist
  - Dietitian
  - Exercise Physiologist
  - Lymphoedema Therapist
  - Pharmacist
  - Psychosocial services for patient and family members
  - Specific services for children
  - Symptom urgent review clinics/Rapid assessment unit
- Coordinate:
  - Cardiac investigations
  - CVAD
  - Practical assistance
  - Specific services for children

RESOURCES FOR PATIENTS

- Cancer Council
- eviQ protocol
- CanTeen
- Jean Hailes Foundation
- Look Good Feel Better
- My Journey Online Tool
- Peer support
- Private/trauma/income insurance (patient dependent)
- Wig/scarf services
- Understanding taste and smell changes
- My aged care
- Carers gateway
- Mouth cares during cancer treatment
- Our Mob and cancer
- Parking options / subsidies
- 1800RESPECT

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IMMUNOTHERAPY

KEY POINTS

- Diagnosis information
- Current treatment plan
- Treatment goals
- Prognosis
- Expected response to treatment
- Symptom management
- Treatment adherence and compliance
- Financial implications of treatment pathway
- Oncofertility
- Current treatment plan (consider concurrent treatments i.e. Chemo/ immunotherapy and non-cancer treatments)
- Out of pocket pharmaceutical costs
- Dental health / oral care
- Safe sex and contraception
- MDT meeting and involvement
- Employment and financial assistance referrals
- Exercise and physical activity
- Social and emotional needs
- Clinical trial considerations

LIVING WELL

- Encourage ongoing GP contact for comorbid condition management, immunisation, screening, chronic disease, mental health care plan, and other health concerns
- Offer health promotion and lifestyle maintenance solutions
- Facilitate healthy lifestyle modifications
- Facilitate advance care planning for patients aged over 75 years of age and support patient-directed advance care planning for patients aged under 75 years
- Survivorship Care Plan

DELIVERY MODALITY (CONTACTS)

- Contact 2-3 days post first treatment cycle administration as required
- Face-to-face at commencement of treatment; contact 2–3 days post treatment and as required, and at change of treatment
- 2–4 contacts

Preference for the oncology service or nurse be first point of contact during this stage - Level of patient contact should be dependent on availability of oncology unit/ nurses

DELIVERY CONSIDERATIONS

- Need for interpreter services
- Patient's hearing status
- Patient's vision status

The listed number and types of contacts are a guide only and should be adjusted in line with BCN and/or patient discretion and the overarching considerations listed on pages 5-6.

DIAGNOSIS
NEO-ADJUVANT
PRE-SURGERY
POST-SURGERY
CHEMOTHERAPY
IMMUNOTHERAPY
RADIATION THERAPY
TARGETED THERAPY
ENDOCRINE THERAPY
LIVING WELL
ASSESSMENT TOOLS
SKILLS AND KNOWLEDGE
RESOURCES AND LINKS
GLOSSARY

IMMUNOTHERAPY

INFORMATION FOR NURSES

INFORMATION FOR PATIENTS

MULTIDISCIPLINARY TEAM

Actively advocate for patient with MDT in the following ways, if appropriate:

- Discuss patient preferences for treatment
- Assess psychosocial needs
- Consider CVAD
- Consider ECOG
- Refer for genetic testing, if appropriate
- Consider if patient is on, or should be considered for, a clinical trial and consider involving a clinical trials coordinator
- Discuss fertility and oncofertility
- Patient pharmaceutical access scheme
- Oncologist contact
- Clinical trials team
- Facilitate communication with patient's General Practitioner

RESOURCES FOR NURSES

- Clinical supervision
- eviQ protocol
- Macmillan Cancer Support
- Clinical trials
- MDT guidelines
- Immunotherapy
- eviQ Telephone triage kit
- eviQ medical oncology resources
- Informed financial consent
- Culturally safe communication skills
- eviQ Neutropenic guidelines
- COSA exercise guidelines

ASSESSMENT TOOLS

Consider findings from the following assessment tools, and provide information and referrals accordingly:

Distress Thermometer and Problem List

at cycle 1 and as required

Brief Fatigue Inventory

- The Eastern Cooperative Oncology Group (ECOG) tool

IMMUNOTHERAPY

INFORMATION FOR NURSES

INFORMATION FOR PATIENTS

WHAT IS NEXT FOR THE PATIENT? WHO NEEDS TO KNOW?

- Ensure patient has appointment with radiation oncologist near completion of immunotherapy for consultation and planning
- Inform GP of change in treatment
- Is the patient aware of the next planned BCN contact?

COMMON REFERRALS

- Provide referral to the following, as needed:
  - Cancer Council
  - Dentist
  - Dietitian
  - Exercise Physiologist
  - Lymphoedema Therapist
  - Pharmacist
  - Psychosocial services for patient and family members
  - Specific services for children
  - Symptom urgent review clinics/Rapid assessment unit

- Coordinate:
  - Cardiac investigations
  - CVAD
  - Practical assistance
  - Specific services for children

RESOURCES FOR PATIENTS

- Cancer Council
- eviQ protocol
- CanTeen
- Jean Hailes Foundation
- Look Good Feel Better
- My Journey Online Tool
- Peer support
- Private/trauma/income insurance (patient dependent)
- Wig/scarf services
- Understanding taste and smell changes
- My aged care
- Carers gateway
- Mouth cares during cancer treatment
- Our Mob and cancer
- Parking options / subsidies
- 1800RESPECT

RADIATION THERAPY

KEY POINTS

- Diagnosis information
- Current treatment plan
- Treatment goals
- Prognosis
- Expected response to treatment
- Symptom management
- Treatment adherence and compliance
- Financial implications of treatment pathway
- Oncofertility
- Current treatment plan (consider concurrent treatments i.e. Chemo/ immunotherapy and non-cancer treatments)
- Out of pocket pharmaceutical costs
- Safe sex and contraception
- MDT meeting and involvement
- Employment and financial assistance referrals
- Exercise and physical activity
- Social and emotional needs
- Clinical trial considerations
- Deep inspiration breath hold
- Range of movement
- Lymphoedema screening

LIVING WELL

- Encourage ongoing GP contact for comorbid condition management, immunisation, screening, chronic disease, mental health care plan, and other health concerns
- Offer health promotion and lifestyle maintenance solutions
- Facilitate healthy lifestyle modifications
- Facilitate advance care planning for patients aged over 75 years of age and support patient-directed advance care planning for patients aged under 75 years
- Survivorship Care Plan

DELIVERY MODALITY (CONTACTS)

- Contact within the first week
- Face to face/telephone 10-14 days post treatment
- 1-3 contacts

Preference for radiation oncology team to be the first point of contact during this stage – level of patient contact should be dependent on availability of radiation oncology unit/nurses

DELIVERY CONSIDERATIONS

- Need for interpreter services
- Patient's hearing status
- Patient's vision status

The listed number and types of contacts are a guide only and should be adjusted in line with BCN and/or patient discretion and the overarching considerations listed on pages 5-6.

RADIATION THERAPY

INFORMATION FOR NURSES

INFORMATION FOR PATIENTS

MULTIDISCIPLINARY TEAM

Actively advocate for patient with MDT in the following ways, if appropriate:

- Discuss patient preferences for treatment
- Assess psychosocial needs
- Consider ECOG
- Refer for genetic testing, if appropriate
- Consider if patient is on, or should be considered for, a clinical trial and consider involving a clinical trials coordinator
- Discuss fertility and oncofertility
- Consider abbreviated therapies
- Discuss prescription of endocrine therapy
- Discuss sequence of radiation
- Facilitate communication with patient's General Practitioner

RESOURCES FOR NURSES

- Clinical supervision
- eviQ protocol
- LHD radiation protocols
- Clinical trials
- Radiation reaction assessment tool
- Informed financial consent
- Culturally safe communication skills
- COSA exercise guidelines

ASSESSMENT TOOLS

Consider findings from the following assessment tools, and provide information and referrals accordingly:

Distress Thermometer and Problem List

Brief Fatigue Inventory

- The Eastern Cooperative Oncology Group (ECOG) tool

RADIATION THERAPY

INFORMATION FOR NURSES >

INFORMATION FOR PATIENTS

WHAT IS NEXT FOR THE PATIENT? WHO NEEDS TO KNOW?

- Determine who will/has prescribed endocrine therapy (if relevant) for the patient
- Coordinate an appointment with the prescribing clinician
- Inform other BCN
- Inform GP of change in treatment
- Discuss skin care
- Discuss potential for skin breakdown
- Is the patient aware of the next planned BCN contact?

COMMON REFERRALS

- Provide referral to the following, as needed:
    - Carers respite
    - Exercise Physiologist
    - Lympoedema Therapist
    - Occupational Therapist
    - Pharmacist
    - Physiotherapist
    - Radiation therapy nurse
    - Social worker
    - Symptom urgent review clinics/Rapid assessment unit
- Coordinate:
    - Transportation and parking
    - Travel and accommodation

RESOURCES FOR PATIENTS

- Cancer Council
- Look Good Feel Better
- Pharmacist
- Peer support
- Skin care and dressings
- My Journey Online Tool
- My aged care
- Carers gateway
- Deep inspiration
- Our Mob and cancer
- Parking options / subsidies
- 1800RESPECT

TARGETED THERAPY

KEY POINTS

- Diagnosis information
- Current treatment plan
- Treatment goals
- Prognosis
- Expected response to treatment
- Quality of life and likely experience with treatment
- Symptom management
- Treatment adherence and compliance
- Financial implications of treatment pathway
- Oncofertility
- Current treatment plan (consider concurrent treatments i.e. Chemo/ immunotherapy and non-cancer treatments)
- Out of pocket pharmaceutical costs
- Dental health
- Safe sex and contraception
- MDT meeting and involvement
- Employment and financial assistance referrals
- Exercise and physical activity
- Social and emotional needs
- Clinical trial considerations
- Blood/cardiac investigations

LIVING WELL

- Encourage ongoing GP contact for comorbid condition management, immunisation, screening, chronic disease, mental health care plan, and other health concerns
- Offer health promotion and lifestyle maintenance solutions
- Facilitate healthy lifestyle modifications
- Facilitate advance care planning for patients aged over 75 years of age and support patient-directed advance care planning for patients aged under 75 years
- Survivorship Care Plan

DELIVERY MODALITY (CONTACTS)

- Liaise with oncologist around follow up protocol
- Face-to-face; at commencement
- Check in and monitor adherence at 3 months (1 contact and then as required) as per drug protocol
- Discharge from service if appropriate

DELIVERY CONSIDERATIONS

- Need for interpreter services
- Patient's hearing status
- Patient's vision status

The listed number and types of contacts are a guide only and should be adjusted in line with BCN and/or patient discretion and the overarching considerations listed on pages 5-6.

TARGETED THERAPY

INFORMATION FOR NURSES

INFORMATION FOR PATIENTS

MULTIDISCIPLINARY TEAM

Actively advocate for patient with MDT in the following ways, if appropriate:

- Discuss patient preferences for treatment
- Assess psychosocial needs
- Consider ECOG
- Refer for/to: bone health scan, genetic testing (if appropriate)
- Consider if patient is on, or should be considered for, a clinical trial and consider involving a clinical trials coordinator
- Oncofertility
- Facilitate cardiac/blood investigations according to drug protocol
- Coordinate cardiac investigations and blood work
- Facilitate communication with patient's General Practitioner

RESOURCES FOR NURSES

- Cancer Council
- Clinical supervision
- eviQ protocol
- Product Information (drug dependent)
- Clinical trials
- eviQ medical oncology resources
- Bone health (BCNA)
- Bone Health (Health Bones Australia)
- Informed financial consent
- Culturally safe communication skills
- COSA exercise guidelines

ASSESSMENT TOOLS

Consider findings from the following assessment tools, and provide information and referrals accordingly:

Distress Thermometer and Problem List

Brief Fatigue Inventory

- The Eastern Cooperative Oncology Group (ECOG) tool

TARGETED THERAPY

INFORMATION FOR NURSES >

INFORMATION FOR PATIENTS

WHAT IS NEXT FOR THE PATIENT? WHO NEEDS TO KNOW?

- Inform GP of change in treatment
- Is the patient aware of the next planned BCN contact?

COMMON REFERRALS

- Provide referral to the following, as needed:
    - Carers respite
    - Exercise Physiologist
    - Lymphoedema Therapist
    - Occupational Therapist
    - Pharmacist
    - Physiotherapist
    - Radiation therapy nurse
    - Social worker
    - Symptom urgent review clinics/Rapid assessment unit
    - General Practitioner
- Coordinate:
    - Transportation and parking
    - Travel and accommodation
    - Cardiac investigation
    - Blood work

RESOURCES FOR PATIENTS

- BCNA resources
- Cancer Council
- Jean Hailes Foundation
- Look Good Feel Better
- OTIS Foundation
- Peer support
- Return to work information
- My Journey Online Tool
- My aged care
- Carers gateway
- Our Mob and cancer
- Parking options / subsidies
- Flush – Toilet finder
- 1800RESPECT

DIAGNOSIS
NEO-ADJUVANT
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ENDOCRINE THERAPY

KEY POINTS

- Diagnosis information
- Current treatment plan
- Treatment goals
- Prognosis
- Expected response to treatment
- Quality of life and likely experience with treatment
- Symptom management
- Treatment adherence and compliance
- Financial implications of treatment pathway
- Oncofertility
- Current treatment plan (consider concurrent treatments i.e. Chemo/ immunotherapy and non-cancer treatments)
- Out of pocket pharmaceutical costs
- Dental health
- Safe sex and contraception
- MDT meeting and involvement
- Employment and financial assistance referrals
- Exercise and physical activity
- Social and emotional needs
- Clinical trial considerations
- Menopausal symptoms

LIVING WELL

- Encourage ongoing GP contact for comorbid condition management, immunisation, screening, chronic disease, mental health care plan, and other health concerns
- Offer health promotion and lifestyle maintenance solutions
- Facilitate healthy lifestyle modifications
- Facilitate advance care planning for patients aged over 75 years of age and support patient-directed advance care planning for patients aged under 75 years
- Survivorship Care Plan

DELIVERY MODALITY (CONTACTS)

- Face-to-face; at commencement
- Check in and monitor adherence at 3 months (1 contact and then as required) as per drug protocol

DELIVERY CONSIDERATIONS

- Need for interpreter services
- Patient's hearing status
- Patient's vision status

The listed number and types of contacts are a guide only and should be adjusted in line with BCN and/or patient discretion and the overarching considerations listed on pages 5-6.

ENDOCRINE THERAPY

INFORMATION FOR NURSES

INFORMATION FOR PATIENTS

MULTIDISCIPLINARY TEAM

Actively advocate for patient with MDT in the following ways, if appropriate:

- Discuss patient preferences for treatment
- Assess psychosocial needs
- Consider ECOG
- Refer for/to: bone health scan, genetic testing (if appropriate), pharmacist (biosimilars)
- Consider if patient is on, or should be considered for, a clinical trial and consider involving a clinical trials coordinator
- Discuss Oncofertility and androgen therapy
- Facilitate cardiac/blood investigations according to drug protocol
- Coordinate cardiac investigations and blood work
- Facilitate communication with patients General Practitioner

RESOURCES FOR NURSES

- Cancer Council
- Clinical supervision
- eviQ protocol
- Product Information (drug dependent)
- Clinical trials
- eviQ medical oncology resources
- Menopausal information
- Informed financial consent
- Culturally safe communication skills
- COSA exercise guidelines

ASSESSMENT TOOLS

Consider findings from the following assessment tools, and provide information and referrals accordingly:

Distress Thermometer and Problem List

Brief Fatigue Inventory

- The Eastern Cooperative Oncology Group (ECOG) tool

ENDOCRINE THERAPY

INFORMATION FOR NURSES

INFORMATION FOR PATIENTS

WHAT IS NEXT FOR THE PATIENT? WHO NEEDS TO KNOW?

- Inform GP of change in treatment
- Is the patient aware of the next planned BCN contact?

COMMON REFERRALS

- Provide referral to the following, as needed:
  - Carers respite
  - Exercise Physiologist
  - Lymphoedema Therapist
  - Occupational Therapist
  - Pharmacist
  - Physiotherapist
  - Radiation therapy nurse
  - Social worker
  - Symptom urgent review clinics/Rapid assessment unit
- Coordinate:
  - Transportation and parking
  - Travel and accommodation
  - Cardiac investigation
  - Blood work

RESOURCES FOR PATIENTS

- BCNA resources
- Cancer Council
- Jean Hailes Foundation
- Look Good Feel Better
- OTIS Foundation
- Peer support
- Return to work information
- My Journey Online Tool
- My aged care
- Carers gateway
- Our Mob and cancer
- Parking options / subsidies
- Menopause rating scale
- 1800RESPECT

LIVING WELL

KEY POINTS

- Reconstruction options
- Symptom management
- GP or GP clinic
- Exercise and physical activity
- Lymphoedema screening, education, risk and management
- Fear of recurrence
- Current treatment plan (consider concurrent treatments i.e. Chemo/ immunotherapy and non-cancer treatments)
- Out of pocket pharmaceutical costs
- Family planning
- Transition to wellness
- Discharge patient from breast care service
- Patient directed advance care planning

DELIVERY MODALITY (CONTACTS)

- Face-to-face; may be prior to completing treatment
- 1–2 contacts

DELIVERY CONSIDERATIONS

- Need for interpreter services
- Patient's hearing status
- Patient's vision status

The listed number and types of contacts are a guide only and should be adjusted in line with BCN and/or patient discretion and the overarching considerations listed on pages 5-6.

LIVING WELL

INFORMATION FOR NURSES

INFORMATION FOR PATIENTS

MULTIDISCIPLINARY TEAM

Actively advocate for patient with MDT in the following ways, if appropriate:

- Discuss patient preferences for treatment
- Assess psychosocial needs
- Consider ECOG
- Discuss clinician involvement in ongoing care and responsibility for surveillance and scanning
- Refer for genetic testing, if appropriate
- Surveillance schedule
- Facilitate communication with patient's General Practitioner

RESOURCES FOR NURSES

- Clinical supervision
- LHD survivorship pathway
- Principles of Cancer Survivorship
- Survivorship Care Plan
- Informed financial consent
- Culturally safe communication skills
- COSA exercise guidelines

ASSESSMENT TOOLS

Consider findings from the following assessment tools, and provide information and referrals accordingly:

Distress Thermometer and Problem List

Brief Fatigue Inventory

- The Eastern Cooperative Oncology Group (ECOG) tool

LIVING WELL

INFORMATION FOR NURSES
INFORMATION FOR PATIENTS

WHAT IS NEXT FOR THE PATIENT? WHO NEEDS TO KNOW?

- Refer to specialist for follow-up
- Commence shared care plan with GP
- Develop survivorship care plan
- Surveillance schedule
- Treatment summary

COMMON REFERRALS

- Provide referral to the following, as needed:
  - Exercise Physiologist
  - Provide GP with quick access to specialist advice if/when required
  - Look Good Feel Better
  - Mental health support
  - Pastoral care
  - Surgeon, if delayed reconstruction
  - Survivorship clinic

RESOURCES FOR PATIENTS

- Breconda
- Cancer Council
- CanTeen
- iPrevent
- Jean Hailes Foundation
- OTIS Foundation
- Peer support
- Work After Cancer
- My Journey Online Tool
- My aged care
- Carers gateway
- Breast cancer network Australia
- Patient directed advance care planning
- Our Mob and cancer
- Parking options / subsidies
- Living well after cancer
- 1800RESPECT

ASSESSMENT TOOLS

Distress Thermometer and Problem List ›

Brief Fatigue Inventory ›

Edmonton Symptom Assessment System ›

The following tools are recommended for use with patients as part of this Model.

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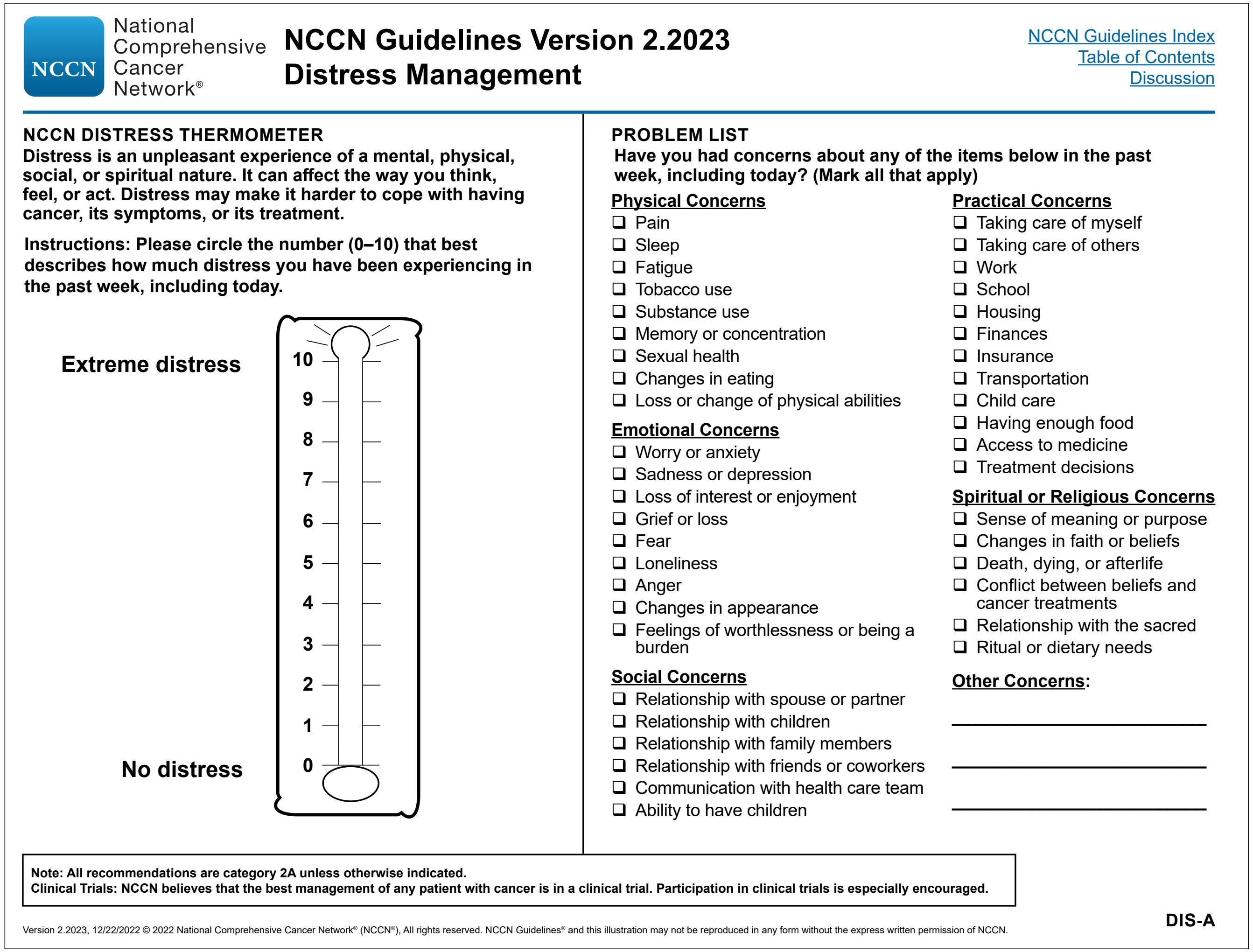
The Brief Fatigue Inventory is a copyright of The University of Texas M. D. Anderson Cancer Center. All rights reserved.

The Edmonton Symptom Assessment System (ESAS-r) is freely available for use, with appropriate acknowledgement of its source.

1. Watanabe SM, Nekolaichuk C, Beaumont C, Johnson L, Myers J, Strasser F. A multicentre comparison of two numerical versions of the Edmonton Symptom Assessment System in palliative care patients J Pain Symptom Manage 2011; 41:456-468.
2. Bruera E, Kuehn N, Miller MJ, Selmser P, Macmillan K. The Edmonton Symptom Assessment System (ESAS): a simple method for the assessment of palliative care patients. J Palliat Care 1991; 7:6-9.

DISTRESS THERMOMETER AND PROBLEM LIST



NCCN National Comprehensive Cancer Network®

NCCN Guidelines Version 2.2023
Distress Management

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Discussion

NCCN DISTRESS THERMOMETER

Distress is an unpleasant experience of a mental, physical, social, or spiritual nature. It can affect the way you think, feel, or act. Distress may make it harder to cope with having cancer, its symptoms, or its treatment.

Instructions: Please circle the number (0–10) that best describes how much distress you have been experiencing in the past week, including today.

Extreme distress
10
9
8
7
6
5
4
3
2
1
0
No distress

PROBLEM LIST

Have you had concerns about any of the items below in the past week, including today? (Mark all that apply)

Physical Concerns
☐ Pain
☐ Sleep
☐ Fatigue
☐ Tobacco use
☐ Substance use
☐ Memory or concentration
☐ Sexual health
☐ Changes in eating
☐ Loss or change of physical abilities

Emotional Concerns
☐ Worry or anxiety
☐ Sadness or depression
☐ Loss of interest or enjoyment
☐ Grief or loss
☐ Fear
☐ Loneliness
☐ Anger
☐ Changes in appearance
☐ Feelings of worthlessness or being a burden

Social Concerns
☐ Relationship with spouse or partner
☐ Relationship with children
☐ Relationship with family members
☐ Relationship with friends or coworkers
☐ Communication with health care team
☐ Ability to have children

Practical Concerns
☐ Taking care of myself
☐ Taking care of others
☐ Work
☐ School
☐ Housing
☐ Finances
☐ Insurance
☐ Transportation
☐ Child care
☐ Having enough food
☐ Access to medicine
☐ Treatment decisions

Spiritual or Religious Concerns
☐ Sense of meaning or purpose
☐ Changes in faith or beliefs
☐ Death, dying, or afterlife
☐ Conflict between beliefs and cancer treatments
☐ Relationship with the sacred
☐ Ritual or dietary needs

Other Concerns:

____

____

____

Note: All recommendations are category 2A unless otherwise indicated.
Clinical Trials: NCCN believes that the best management of any patient with cancer is in a clinical trial. Participation in clinical trials is especially encouraged.

DIS-A

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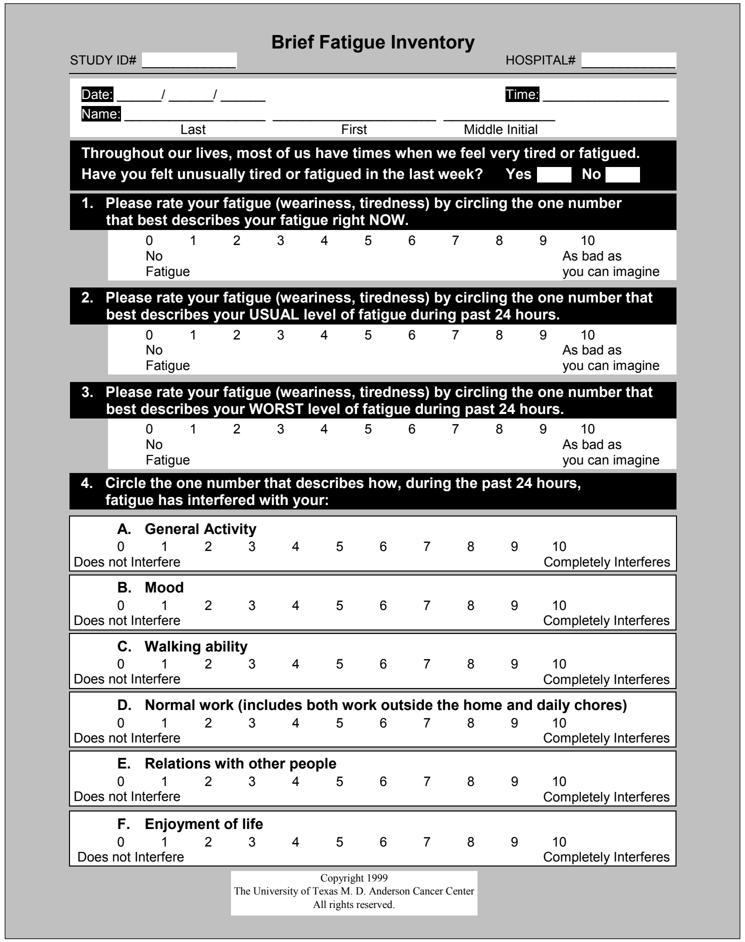
The tool can be accessed online here

BRIEF FATIGUE INVENTORY



Brief Fatigue Inventory

STUDY ID# ____________ HOSPITAL# ____________

Date: _____/_____/_____ Time: ______________
Name: ______________ ______________ ______________
Last First Middle Initial

Throughout our lives, most of us have times when we feel very tired or fatigued. Have you felt unusually tired or fatigued in the last week? Yes ☐ No ☐

1. Please rate your fatigue (weariness, tiredness) by circling the one number that best describes your fatigue right NOW.

0 1 2 3 4 5 6 7 8 9 10
No Fatigue — As bad as you can imagine

2. Please rate your fatigue (weariness, tiredness) by circling the one number that best describes your USUAL level of fatigue during past 24 hours.

0 1 2 3 4 5 6 7 8 9 10
No Fatigue — As bad as you can imagine

3. Please rate your fatigue (weariness, tiredness) by circling the one number that best describes your WORST level of fatigue during past 24 hours.

0 1 2 3 4 5 6 7 8 9 10
No Fatigue — As bad as you can imagine

4. Circle the one number that describes how, during the past 24 hours, fatigue has interfered with your:

A. General Activity
0 1 2 3 4 5 6 7 8 9 10
Does not Interfere — Completely Interferes

B. Mood
0 1 2 3 4 5 6 7 8 9 10
Does not Interfere — Completely Interferes

C. Walking ability
0 1 2 3 4 5 6 7 8 9 10
Does not Interfere — Completely Interferes

D. Normal work (includes both work outside the home and daily chores)
0 1 2 3 4 5 6 7 8 9 10
Does not Interfere — Completely Interferes

E. Relations with other people
0 1 2 3 4 5 6 7 8 9 10
Does not Interfere — Completely Interferes

F. Enjoyment of life
0 1 2 3 4 5 6 7 8 9 10
Does not Interfere — Completely Interferes

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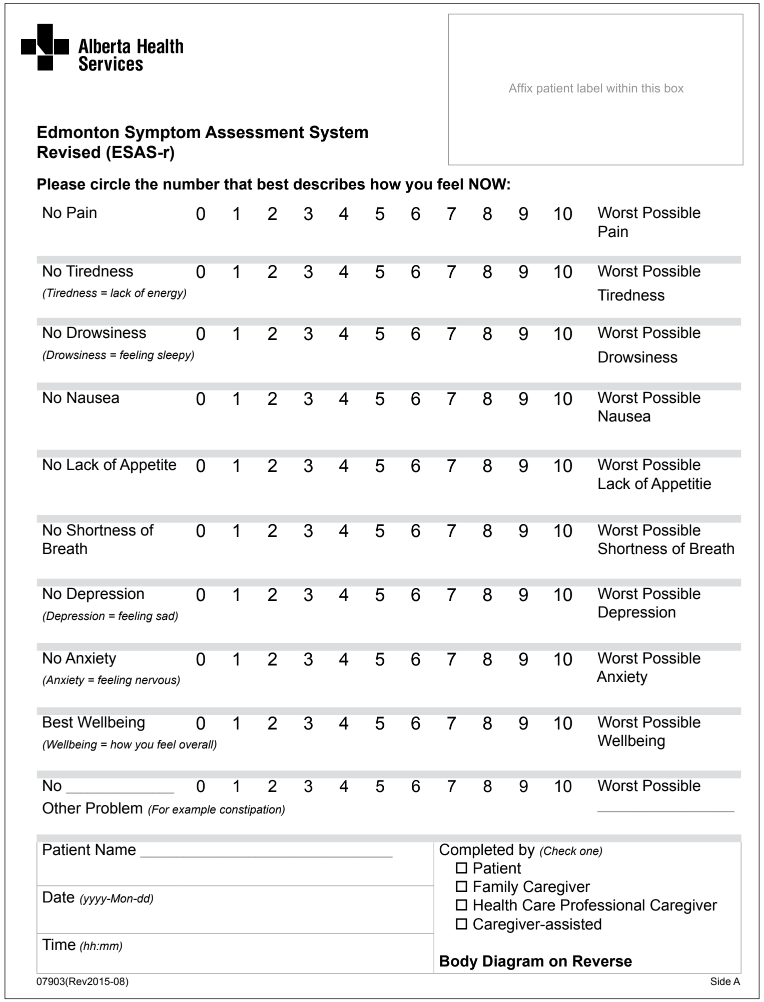
to download PDF

EDMONTON SYMPTOM ASSESSMENT SYSTEM



Alberta Health Services

Affix patient label within this box

Edmonton Symptom Assessment System Revised (ESAS-r)

Please circle the number that best describes how you feel NOW:

No Pain	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Pain
No Tiredness *(Tiredness = lack of energy)*	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Tiredness
No Drowsiness *(Drowsiness = feeling sleepy)*	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Drowsiness
No Nausea	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Nausea
No Lack of Appetite	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Lack of Appetitie
No Shortness of Breath	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Shortness of Breath
No Depression *(Depression = feeling sad)*	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Depression
No Anxiety *(Anxiety = feeling nervous)*	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Anxiety
Best Wellbeing *(Wellbeing = how you feel overall)*	0	1	2	3	4	5	6	7	8	9	10	Worst Possible Wellbeing
No __________ Other Problem *(For example constipation)*	0	1	2	3	4	5	6	7	8	9	10	Worst Possible __________

Patient Name ____________________	Completed by *(Check one)* ☐ Patient ☐ Family Caregiver ☐ Health Care Professional Caregiver ☐ Caregiver-assisted
Date *(yyyy-Mon-dd)*	
Time *(hh:mm)*	**Body Diagram on Reverse**

07903(Rev2015-08)

Side A

The tool can be accessed online here

SKILLS AND KNOWLEDGE

The skills and knowledge required by a BCN to deliver high quality care specific to breast cancer treatments at each stage of care:

DIAGNOSIS

- Breast health (anatomy and hormonal influence)
- Body image and sexuality
- Clinical breast examination techniques and lymph node examination (abnormal findings)
- Complementary and alternative medicines
- Genetics
- Molecular testing
- Oncofertility
- Pathology and tumour characteristics
- Patient advocacy
- Risk assessment (epidemiology) and modifiable risk factors (lifestyle behaviours)
- Screening and early detection (imaging modalities)
- Staging criteria (TNM classification)
- Understanding of diagnostic procedures and tests

NEO-ADJUVANT

- Bioimpedance
- Body image and sexuality
- Complementary and alternative medicines
- Fertility and Oncofertility
- Genetics
- Oncologic emergencies
- Oral care
- Pathology
- Scalp cooling
- Symptom management

PRE-SURGERY

- Barriers to care
- Bioimpedance
- Body image and sexuality
- Breast surgery reconstruction
- Genetics
- Oncofertility
- Pathology
- Patient advocacy
- Pre-surgical investigations (i.e. lymphoscintigraphy, hookwire, carbon making)
- Treatment considerations (performance status, comorbidities)
- Type of node

SKILLS AND KNOWLEDGE

The skills and knowledge required by a BCN to deliver high quality care specific to breast cancer treatments at each stage of care:

POST-SURGERY

- Additional studies (CT, PET scan, bone scan)
- Arm and shoulder dysfunction
- Barriers to care (financial, cognitive, language, transportation)
- Bioimpedance
- Body image and sexuality
- Cording
- Gene assay tests
- Genetics
- Lymphoedema
- Oncofertility
- Neurosensory changes
- Pain
- Seroma assessment and management
- Staging criteria (TNM classification)
- Symptom management
- Tumour features (LVI, margins)
- Wound complications

CHEMOTHERAPY/ IMMUNOTHERAPY

- Bioimpedance
- Body image and sexuality
- Complementary and alternative medicines
- Fertility and Oncofertility
- Genetics
- Symptom management
- Oncologic emergencies
- Oral care
- Pathology
- Scalp cooling

RADIOTHERAPY

- Abbreviated therapies
- Barriers to care
- Bioimpedance
- Body image and sexuality
- Breast oedema
- Complementary and alternative medicines
- Genetics
- Local treatment modalities (external beam, brachytherapy)
- Oncofertility
- Oral care
- Pathology
- Patient advocacy
- Skin care
- Symptom management

SKILLS AND KNOWLEDGE

The skills and knowledge required by a BCN to deliver high quality care specific to breast cancer treatments at each stage of care:

ENDOCRINE/TARGETED THERAPY

- Body image and sexuality
- Bone health
- Cardiovascular complications
- Cognitive dysfunction
- Complementary and alternative medicines
- Genetics
- Genitourinary health
- Mental health (anxiety, depression, sleep disturbance)
- Oncofertility
- Oral care
- Pathology (in particular, blood pathology)
- Peripheral neuropathy
- Symptom management
- Weight management

LIVING WELL

- Body image and sexuality
- Complementary and alternative medicines
- Delayed reconstruction
- Familial risk assessment and implications for genetic counseling
- Genetics
- Genitourinary health
- Malnutrition
- Oncofertility
- Pathology
- Physical issues (bone health, breast/chest wall changes, cardiopulmonary toxicity, fatigue, neuropathy, range of motion limitations)
- Rehabilitation (pain, range of motion, lymphoedema, cognitive impairment)
- Secondary malignancy
- Sexual and reproductive issues (infertility, menopausal symptoms)
- Weight gain

RESOURCES AND LINKS

CONTEXT LINKS

These documents are relevant for consideration to provide further information for BCNs on aspects of care for patients. The resources below are nationally relevant and complement the pathway outlined in the Model. They have been used to inform the Model's development and should be considered alongside the use of the Model.

Optimal care pathway for people with breast cancer
cancer.org.au

Cancer - what to expect
canceraustralia.gov.au

Our Mob and Cancer
canceraustralia.gov.au

Breast cancer handbook - Aboriginal and Torres Strait Islander health workers
canceraustralia.gov.au

LGBTIQ+ friendly breast cancer services
bcna.org.au

LINKS USED IN THIS DOCUMENT

Breast Cancer Network Australia (BCNA)
bcna.org.au

A national organisation for Australians affected by breast cancer. BCNA works to ensure that Australians affected by breast cancer receive the very best support, information, treatment and care appropriate to their individual needs.

BCNA pathology fact sheet
bcna.org.au

Produced in partnership with the Royal College of Pathologists of Australasia (RCPA), this fact sheet provides information on what is included in a pathology report, what the terminology means and how patients can obtain a copy of reports.

Breconda
breconda.bcna.org.au

Online tool designed to assist with breast reconstruction options.

Cancer Council
cancer.org.au

National independent charity organisation that works across every area of cancer, including support, research, prevention and advocacy.

Cancer – How are you travelling?
canceraustralia.gov.au

A booklet developed for people diagnosed with cancer, their family and friends. It contains information about the emotional and social impact of cancer.

Cancer – What to expect: Information for Aboriginal and Torres Strait Islander people who have cancer
canceraustralia.gov.au

A consumer guide recommended for Aboriginal and Torres Strait Islander people; developed by Cancer Australia.

RESOURCES AND LINKS

Canteen
canteen.org.au
Provides information and support to children and young adults (12–25 years old) who have either been diagnosed or have a close family member with cancer.

Dreams2live4
dreams2live4.com.au
Charity that assists adults living with metastatic cancer to achieve memorable experiences.

eviQ
eviQ.org.au

- Useful protocols for nurses and patients
- Assessment tools for symptom management

Find a Nurse
mcgrathfoundation.com.au
Online, free tool providing contact details for referral to a BCN.

Hope & Hurdles – BCNA
bcna.org.au
A resource designed for people who have been diagnosed with metastatic breast cancer.

iPrevent
petermac.org
Online tool designed to identify breast cancer risk. Not suitable for people who have been diagnosed with breast cancer or DCIS.

Jean Hailes Foundation
jeanhailes.org.au
Health service that specialises in women's health through research, information provision and clinical care.

Look Good Feel Better
lgfb.org.au
Practical workshops for women being treated for cancer to help them manage appearance related side effects, such as hair loss and skin changes.

Macmillan Cancer Support UK
macmillan.org.uk
A UK based cancer information service with treatment information tailored for patients available for most cancer types.

Medikidz
bcna.org.au
Provides information regarding metastatic breast cancer for children through comic form.

Mummy's Wish
mummyswish.org.au
Supports Australian families and children aged 12 years and under, through the provision of practical, immediate and non-means tested support whilst mum is receiving treatment for cancer.

My Care Kit – BCNA
bcna.org.au
For women who have recently had breast surgery. It contains a specially designed Berlei bra and soft form/s.

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My Journey Kit – BCNA

bcna.org.au

Digital or hardcopy tool for people following a breast cancer diagnosis, Includes information regarding breast cancer and its treatments, along with links to other services.

OTIS Foundation

otisfoundation.org.au

Charity organisation dedicated to providing a national network of retreat accommodation properties at no cost to anyone who has been diagnosed with breast cancer.

Overseas travel

humanservices.gov.au

Some countries have reciprocal health care agreements with Australia, making it safer and easier to travel if you have a pre-existing medical condition such as early or metastatic breast cancer.

Principles of Cancer Survivorship – Cancer Australia

canceraustralia.gov.au

Provides a national framework to guide policy, planning and health system responses to cancer survivorship, focusing on the health and wellbeing of people living with and beyond cancer.

Reclaim your curves

reclaimyourcurves.org.au

Practical advice regarding breast reconstruction options from women who have undergone breast surgery.

Return to work – Cancer Council

cancer.org.au

Provides information for employees and employers about working after a cancer diagnosis.

Survivorship Care Plan

mycareplan.org.au

Australian Cancer Survivorship Centre care plan.

Work after cancer

workaftercancer.com.au

Flinders university resource for patients, carers and employers on working after cancer.

OTHER LINKS

ALERT – Lymphoedema education

mqhealth.org.au/alert

A clinical, education and research program run by Macquarie University that aims to optimise positive outcomes for people living with lymphoedema.

BCI fact sheets

bci.org.au

Fact sheets developed by Westmead Breast Cancer Institute for people living with breast cancer.

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Abbreviated therapies	May be referred to as hypofractionated radiotherapy in the context of radiation. Higher intensity treatment for cancer that is received over a condensed space of time, resulting in the same total dose as conventional treatments. This type of therapy can be more convenient as it reduces the number of treatments required and thus the need to travel as frequently. The increased intensity can also increase the side effects of treatment including long-term side effects, and it is not considered suitable for all patients.
Advocate	A person who represents another person's interests. A patient advocate helps guide a patient through various stages of a medical condition, such as screening, diagnosis, treatment and follow-up care.
Anxiety	A feeling of worry, nervousness, or unease about something with an uncertain outcome. Anxiety as a mental health condition is slightly different, defined as anxious feelings that do not go away, that happen without any reason or that make daily life difficult.
Assessment tools	Used to gather information concerning the patient's individual physiological, psychological, sociological, and spiritual needs. It is the first step in the successful evaluation of a patient. The tools used should be validated and offer empirical evidence of reliability.
Barriers (to care)	Barriers to care limit or prevent people from receiving adequate healthcare. These may include financial hardship, geographic location, pressing health needs, fears, perceptions or beliefs about tests or treatments and poor health literacy. Many of the overarching considerations may impact on a person's access to optimal treatment.
Bioimpedance	Also called bioelectrical impedance. A method used to estimate body composition, in particular body fat and muscle mass, using calibrated body composition/ measurement devices.
Bone scan	A procedure to check for abnormalities or damage in the bones. A bone scan can be a valuable tool for detecting cancer that has spread (metastasised) to the bone from the tumour's original location, such as the breast. Performed in Nuclear Medicine facilities using small amounts of radio-tracing substance.
Breast care nurse (BCN)	The McGrath Foundation defines a breast care nurse as a registered nurse with experience in the care of patients with breast cancer and post graduate qualifications in breast care nursing.

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Cancer Council	Cancer Council is the only charity in Australia to work across every area of every cancer, from research to prevention and support. Cancer Council helps people from the point of diagnosis through to treatment and survivorship.
Cardiopulmonary toxicity	Damage to the heart and lungs that may be a temporary or permanent side-effect of some therapeutic agents.
Clinical practice guidelines	Evidence-based recommendations developed to optimise patient care and assist clinical decision-making or service planning. These guidelines have been developed by clinical experts and key stakeholders within the relevant field of practice. Ideally, they are designed to assist healthcare professionals and patients to make shared decisions about screening, prevention, treatments and follow-up.
Clinical supervision	A formal and disciplined working alliance that is, but not necessarily, between a more experienced and a less experienced worker, in which the supervisee's clinical work is reviewed and reflected upon, with the aims of: improving the supervisee's work with clients; ensuring client welfare; supporting the supervisee in relation to their work, and supporting the supervisee's professional development.
Clinical trials coordinator	Clinical trial coordinators support clinical trials by assisting with research activities required as part of the trial and supporting patients to access and remain engaged in trials while continuing to receive other care and treatment.
Carers respite	Temporary care provided to a person who is unable to care for him or herself so that the usual carer receives a break. Respite care can be given by family, friends or neighbours or through formal respite services.
Comorbidities	The co-occurrence of one or more diseases or conditions in the same person at the same time. Comorbidities are often long-term or chronic conditions.
Complementary and alternative medicines (CAMs)	Therapy used in addition to (complementary) or instead of (alternative) standard medical treatment. These approaches to care aim to enhance quality of life and improve wellbeing. Examples may include dietary supplements, massage therapy, meditation, acupuncture, aromatherapy, art and music therapy. It is important that the health care team are aware of all supplements being taken as these can interact with cancer therapies.

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Cording	The development of vertical 'cords' in the armpit following the removal of lymph nodes. Also known as axillary web syndrome. It can happen weeks or months after breast-conserving surgery, mastectomy or axillary surgery and is caused by hardened lymph vessels. The patient may feel as if they have a tight cord running from their armpit down the inner arm, sometimes to the palm of the hand. A cord like structure may also be palpable/visible causing distress and limited range of movement in the affected limb.
CVAD (central venous access device)	Small, flexible tubes placed in large veins for people who require frequent access to the bloodstream. CVADs are often referred to as venous access ports or catheters, because they allow frequent access to the veins without direct vein cannulation.
Deep inspiration breath hold (DIBH)	Radiation therapy technique where patients take a deep breath during treatment, and hold this breath while the radiation is delivered. By taking a deep breath in, the lungs fill and move the heart from the direct radiation beams.
Discharge	To release from the care and oversight of the BCN.
Distress Thermometer and Problem List	A rating scale used to measure distress: 0 (no distress) to 10 (extreme distress); it is similar to the rating scale used to measure pain. People are easily able to visually or verbally indicate where their distress measures on the distress thermometer.
ECOG	A scale used to determine the ability of a patient to tolerate therapies in serious illness, specifically for cancer treatments.
Edmonton Symptom Assessment Scale (ESAS)	Helps identify and measure the severity of common symptoms, such as pain, nausea and anxiety, in patients receiving palliative care. The severity of each symptom is rated from 0 to 10 on a numerical scale; with 0 meaning that the symptom is absent and 10 that it is the worst possible severity.
eviQ	A free, online resource comprising evidence-based, consensus driven cancer treatment protocols. Developed by the Cancer Institute of New South Wales, it aims to make sure people with cancer receive appropriate treatment in a timely manner.

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Fatigue	Extreme tiredness and inability to function as a result of a lack of energy. Fatigue relating to cancer is different to normal feelings of tiredness and can be caused by the cancer itself, medicines, side effects of treatment, stress and mood changes, changes in diet, sleeping difficulties, lack of physical activity and other related health problems.
Health literacy	The degree to which an individual can obtain, read, understand, and use healthcare information in order to make appropriate health decisions.
Health promotion	The process of enabling people to increase control over, and to improve, their health.
Infertility	The inability to produce children. Cancer and its treatments can affect a person's fertility (ability to conceive a child or maintain a pregnancy).
Late effects	A health problem that occurs months or years after a disease is diagnosed or after treatment has ended. Late effects may be caused by cancer or cancer treatment. They may include physical, mental, and social problems and secondary cancers.
Living well	The holistic care of a patient that focuses on life beyond cancer, during and after treatment. This focus begins at diagnosis and considers life after treatment during the phase often referred to as survivorship.
Look Good Feel Better	A free national community service program run by the Cancer Patients Foundation, dedicated to teaching cancer patients how to manage the appearance-related side-effects caused by cancer treatment.
Lymphoedema	Swelling caused by a build-up of lymph fluid. This happens when the lymphatic system does not drain properly, usually after lymph nodes are removed or damaged. A Chronic condition that can be managed but not cured.
Malnutrition	A condition caused by not getting enough calories or the right amount of nutrients. This may occur when a person's diet is lacking nutrients or when their body cannot absorb nutrients from food. Eating issues caused by cancer treatment side effects can contribute to, or be symptoms of, malnutrition.
Model of Care	Broadly defines the way health services are delivered, outlining best practice care and services for a person, population group or patient cohort as they progress through the stages of a condition, injury or event.

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Multidisciplinary team (MDT)	A health care team consisting of a group of healthcare professionals who are experts in specific areas, working together to deliver comprehensive patient care. A MDT can include a general practitioner, a surgeon, a medical oncologist, a radiation oncologist, a palliative care specialist, a nurse consultant, nurses, a dietitian, a physiotherapist, an occupational therapist, a social worker, a psychologist, a counsellor and a pastoral care worker.
Oncofertility	A field of medicine that bridges oncology and reproductive practice. Involves research to minimise the negative effects of cancer treatment on fertility and to explore and expand options for the reproductive future for people undergoing cancer treatments.
Oncologic emergency	Any acute, potentially morbid or life-threatening event directly or indirectly related to a patient's cancer or its treatment.
Optimal Care Pathways (OCPs)	National guidelines to promote best practice cancer care. The pathways describe key stages in a patient's cancer journey and the expected optimal care at each stage.
Palliative care	Care that aims to improve the quality of life (QoL) of patients who have a life-threatening illness. It also provides support to families and carers. Prevention and relief of suffering is provided through early identification, assessment and treatment of pain and other problems such as physical, psychosocial and spiritual.
Pathology	A medical speciality that examines the cause of diseases by assessing changes in body tissues, blood and other body fluids. Histopathology and cytopathology are the main tools utilised in the diagnosis of cancer.
Pathological Complete Response	No residual or viable tumour cells remain in the tumor or resected lymph nodes following systemic treatment
Patient-directed advance care planning	The legal documents in which you give written instructions about your health care if, in the future, due to the state of your health, you cannot speak for yourself.
Performance status	A score that estimates the patient's ability to perform certain activities of daily living without the help of others. For example, ECOG scoring (see above).

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Peripheral neuropathy	A relatively common neurological condition that may be caused by cancer or cancer treatment as well as injury, infection, toxic substances and chronic diseases. Symptoms of peripheral neuropathy include pain, numbness, tingling, swelling or muscle weakness in different areas of the body.
Psychosocial needs	Having to do with mental, emotional, social, family and spiritual needs that may relate to the overarching considerations and arise as a result of a disease, such as cancer.
Quality of life (QoL)	According to the World Health Organization, QoL is “an individual’s perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person’s physical health, psychological state, personal beliefs, social relationships and their relationship to salient features of their environment”.
Scalp cooling	A simple treatment in which a tightly fitted hat is worn and filled with gel coolant. The use of scalp cooling or ‘cold caps’ is proven to be an effective way of combatting chemotherapy-induced hair loss and can result in a high level of retention or completely preserve the hair.
Seroma	A pocket of clear bodily fluid that sometimes develops after surgery in the place on the body where tissue has been removed. This fluid is composed of blood plasma that has seeped out of ruptured small blood vessels and inflammatory fluid produced by the injured and dying cells. May resolve naturally over time or require aspiration or surgical management.
Spiritual needs	An essential domain of psychosocial care, which focuses on the needs of the whole person and their family. Spirituality is a fundamental element of human experience. It encompasses the individual’s search for meaning and purpose in life and the experience of the transcendent. For some people spirituality can be largely faith based, for others it may be their relationship with nature or the profound connections they have with other people.
Supportive care	A term used to describe services that may be required by people affected by cancer. The goal of supportive care is to prevent or treat as early as possible the symptoms of a disease, side effects caused by treatment of a disease, and psychological, social, and spiritual problems related to a disease or its treatment. Also called comfort care, palliative care, and symptom management.

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Targeted therapy	Often used in conjunction with standard chemotherapy or endocrine therapies, targeted therapies act on specific molecular targets and cancer cells without harming health cells.
Telehealth	The use of telecommunications and virtual technology to deliver healthcare, often allowing patients in regional or remote areas to connect with healthcare providers in major centres.
TNM classification	Tumour (T), nodes (N), metastasis (M). TNM is the most widely used cancer staging system used to describe the amount and spread of cancer in a patient's body. Most hospitals and medical centres use the TNM system as their main method for cancer reporting.
Wellness	Preparing a patient for life after cancer and treatment is an important component of supportive care throughout treatment and particularly pertinent in the lead up to discharge from the BCN service.
Immunotherapy	A type of therapy that uses substances to stimulate or suppress the immune system to help the body fight cancer, infection, and other diseases. Some types of immunotherapies only target certain cells of the immune system.
Molecular profiling	Uses a sample of tumor to identify its unique biomarkers. Used in clinical practice in two broad categories: (1) characterisation of breast cancers beyond the standard histopathologic features such as tumor grade, histologic subtype, and biomarker profile for prognostic information; and (2) prediction of response to therapy and clinical outcome.
Genomic Sequencing	Uses a sample of blood to look for specific inherited changes (variants) or mutations in a person's genes. Genetic variants can have harmful, beneficial, neutral (no effect), or unknown or uncertain effects on the risk of developing diseases. Harmful variants in some genes are known to be associated with an increased risk of developing certain diseases or cancers.
Family history	Generally implies collecting the previous cancer diagnoses and reasons for death of grandparents, mother/father and siblings. Cancers due to inherited faulty genes are much less common than cancers due to random gene changes during cell reproduction as we age or exposure to other physical or chemical factors.

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ENDORSEMENTS

APPENDIX 1: EVIDENCE BASE FOR THE MCGRATH MODEL OF CARE

Critical approaches and key points within the McGrath MoC	Supported by findings from the systematic review*	Optimal care pathway**	Expert opinion
Approach of interventions			
Education, Guidance & Counselling - education, psychosocial support	✓	✓[i]	✓
Case Management - care coordination	✓	✓[ii]	✓
Key points			
Ambulance cover			✓
Breast care service admission		✓[iii]	✓
Cancer in Australia - breast cancer landscape		✓[iv]	✓
Breast cancer histopathology		✓[v]	✓
Diagnosis information • specific tissue information, histopathology, staging	✓[1-2]	✓[vi]	✓
History of diagnosis		✓[vii]	✓
Molecular profiling			✓
Genomic sequencing		✓[viii]	✓
Family history	✓[3]	✓[ix]	✓
Treatment goals • curative, life-prolonging, symptom management, palliative care • treatment refusal	✓[1-3]	✓[x]	✓
Current treatment plan (consider concurrent treatments i.e. Chemo/ immunotherapy and non-cancer treatments) - duration, drugs, doses, schedule	✓[1-2]	✓[xi]	✓
Expected response to treatment cancer and symptoms of cancer	✓[4-7]	✓[xii]	✓
Pre-/post-surgical expectations	✓[1-2]	✓[xiii]	✓
Symptom management • including self-care/management	✓[1-23]	✓[xiv]	✓
Treatment adherence and compliance • Strategies to monitor and motivate compliance		✓[xv]	✓
Quality of life and likely experience with treatment • Treatment benefits, risk of side effects (toxicities, short-/ late-term effects)		✓[xvi]	✓
Existing support care team		✓[xvii]	✓
Safe sex and contraception		✓[xviii]	✓
Multidisciplinary Team Meeting and Involvement		✓[xix]	✓
Financial implications of treatment pathway • Informed Financial Consent • out of pocket expenses, private health insurance, hospital excess, treatment options, Medicare threshold, Allied Health rebates, Enhanced Care Plans		✓[xx]	✓

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Critical approaches and key points within the McGrath MoC	Supported by findings from the systematic review*	Optimal care pathway**	Expert opinion
Employment and financial assistance referrals		✓ [xxi]	✓
GP or GP clinic • Registration, shared care		✓ [xxii]	✓
Social and emotional needs	✓ [4-6, 10, 22, 2]	✓ [xxiii]	✓
Spiritual needs		✓ [xxiv]	✓
Clinical trial considerations		✓ [xxv]	✓
Lymphoedema screening, education, risk and management		✓ [xxvi]	✓
Range of movement			✓
Dental health / oral care			✓
Reconstruction options • immediate versus delayed		✓ [xxvii]	✓
Patient-directed advance care planning • Patient priorities, beliefs, values, goals, life preferences, care preferences	✓ [24]	✓ [xxviii]	✓
Wellness • treatment summary, surveillance, follow-up activities, wellness/ survivorship plan, risk-reduction, health promotion	✓ [3, 8, 9, 24-29]	✓ [xxix]	✓
Family planning		✓ [xxx]	✓
Fear of recurrence		✓ [xxxi]	✓
Menopausal symptoms		✓ [xxxii]	✓
Oncofertility		✓ [xxxiii]	✓
Exercise and physical activity	✓ [13, 2]	✓ [xxxiv]	✓
Discharge patient from breast care service		✓ [xxxv]	✓
Prognosis		✓ [xxxvi]	✓
Palliative and supportive care		✓ [xxxvii]	✓
Out of pocket pharmaceutical costs		✓ [xxxviii]	✓
Deep Inspiration Breath Hold		✓ [xxxix]	✓
Blood/cardiac investigations			✓
Postoperative care			✓

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**Supported by ≥1 randomised trial suggestive of superior nurse-led Education, Guidance & Counselling or Case Management intervention effects compared with control or superior/equivalent nurse-led Surveillance intervention effects compared with usual care on ≥1 outcome of interest (i.e., health-related quality of life, self-management or behavioural outcomes, survival, health service/resource use and cost, perceived intervention benefits, patient satisfaction) during at least 1 phase of the patient journey.*

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APPENDIX 1: EVIDENCE BASE FOR THE MCGRATH MODEL OF CARE

*** Note: Most of the Model of Care Key Points are generally supported by the overarching principals of the Optimal Care Pathways for People with Breast Cancer (OCP) and concepts throughout the document. The concepts of patient-centred care, safety and quality, multidisciplinary care, supportive care, care coordination and communication are strong themes throughout both the OCP and Model of Care. Page references to supporting practices noted in Optimal care pathway for people with breast cancer (second edition)1.*

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