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Shared Decision Making for Breast Cancer Surgery

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What is Shared Decision Making?

- Brings patients into the process of making decisions
- Best used for “preference sensitive conditions”
- A step beyond informed consent
- Engages the patient as the expert on their own values and preferences

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Breast Cancer Surgery Options

- Mastectomy – remove the breast
- Lumpectomy – remove the cancer, and leave the breast intact
- Equal survival
- Differences in recovery time, requirements for additional treatment, appearance, sensation, emotional impact, future cancer screening, etc.

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SDM Process at VPCI



- Overwhelming amount of information to learn
- Added a Shared Decision Making visit with a nurse Cancer Care Coordinator
- Hour-long conversation
- Education and values assessment
- Consultation with the surgeon a day or two later
- Some patients are not eligible

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The Decision Aid

YOUR VALUES
YOUR PREFERENCES
YOUR CHOICE

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Breast Cancer Surgery Options

Lumpectomy With Radiation Therapy or Mastectomy



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Members of Your Health Care Team

■ **Breast surgeon**

A breast surgeon will talk with you about surgical treatment options and help identify the best treatment plan for you.

■ **Plastic surgeon**

A plastic surgeon will meet with you if you choose to have breast reconstruction to rebuild your breast.

■ **Medical oncologist**

A medical oncologist will meet with you if your treatment plan includes taking medicine. This medicine may include chemotherapy, hormone therapy or both (see the glossary on page 54).

■ **Radiation oncologist**

A radiation oncologist will meet with you if your treatment plan includes radiation therapy (see the glossary on page 15).

■ **Cancer care coordinator**

A cancer care coordinator is a registered nurse who will support, educate and guide you through your course of treatment. The coordinator will be part of your care team from diagnosis through treatment and on to healing.

■ **Cancer rehabilitation care team**

Cancer rehabilitation may help you regain or improve the abilities you feel have changed as a result of your cancer or cancer treatment. Members of your cancer rehabilitation care team can help you maintain or regain your independence and enjoy your life to the fullest.

The team may include physical medicine and rehabilitation providers, physical therapist, occupational therapist and lymphedema therapist.

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Understanding Breast Cancer



The parts of your breast.



Lymph nodes, including the axillary nodes.

Cancer is a disease in which cells in the body grow out of control. When cancer starts in the breast, it is called breast cancer. Breast cancer is the most common cancer among women.

What do you know about breast cancer?



Normal breast tissue

- The cells are healthy.



Invasive breast cancer

- The cancer cells are only found in the duct.
- This is known as ductal carcinoma in situ (DCIS).



Invasive breast cancer

- The cancer cells in the ducts have grown into nearby tissues.

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Breast Cancer Surgical Treatment Options

There are two types of surgery to treat breast cancer: lumpectomy and mastectomy. Your surgeon will review both surgical options with you.

Are you learning one and one of the surgery options?

Lumpectomy (breast-conserving surgery)



After a lumpectomy, you will have one scar on your breast where the cancer was. You may have a second scar in your underarm area if your surgeon needs to remove some of your lymph nodes.

Lumpectomy is a surgery to remove part of your breast. It removes the cancer and a rim of healthy breast tissue around the cancer. This healthy tissue is called the margin.

Most women need radiation therapy after a lumpectomy. Radiation therapy helps reduce the chance of breast cancer coming back in the same breast. You will have radiation therapy every weekday for 5 to 7 weeks.

Mastectomy

This is a surgery to remove your entire breast. This usually includes your nipple and areola.

You may choose to have breast reconstruction to rebuild your breast. Breast reconstruction involves a series of surgeries that may take up to 2 years to complete. The timing will depend on your other treatment needs (chemotherapy, radiation therapy) after the mastectomy.

A plastic surgeon will meet with you if you want to learn more about breast reconstruction.



After a mastectomy, you will have a scar across your chest and have your breast's natural feeling and look.

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Comparing Your Options (continued)

| | Lumpectomy With Radiation Therapy | Mastectomy |
|--|---|--|
| Recovery time How long will I be in the hospital? What is most important to you? | You will keep most of your breast's natural feeling. You may have changes in sensation in your breast immediately. | You will have changes in sensation in your breast now. Your skin will likely feel numb. It may take time to have breast reconstruction, your breast and nipple will not have any natural sensation. |
| Hospital stay How long will I be in the hospital? What is most important to you? | You will go home the same day of surgery. | You will be in the hospital for 1 to 2 nights. |
| Drugs Will I have enough drugs? What is most important to you? | In general, no drugs are needed. | You will have 1 or more drugs in pain to help reduce blood clots, swelling and your skin. You will have the drugs in pain for 1 to 2 weeks or longer. |
| Recovery time How long will I need to rest? When can I get back to my regular activities? What is most important to you? | You will need 5 to 7 days of rest before you return to your regular activities. | You will need 3 to 4 weeks of rest before you return to your regular activities. If you also have breast reconstruction, recovery time depends on your reconstruction options. Recovery time is typically 2 to 6 weeks. |

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What patient values are assessed?

Will I be recovered from surgery in time for my daughter's wedding?

I really don't want to lose my breast!

I can't drive 100 miles to radiation every day!

If I don't have a mastectomy, will I ever stop worrying about the cancer coming back?

Remember what happened after Mom had her breast cancer surgery?

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Dispelling Misconceptions

Common myths:

- I want to live as long as I can, so I want a mastectomy.
- Having a mastectomy means I will never get breast cancer again.
- Having a mastectomy means I won't need to have chemotherapy.

Goal is to provide accurate information, not to sway the decision.

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The Decision Aid

My Preferences

| Questions | My Thoughts |
|---|-------------|
| Do you understand the surgical options explained in this book? | |
| As you think about the possible risks, what are your fears or concerns? | |
| As you think about both options, what are your hopes or goals? | |
| Are you clear about the benefits and risks of each option? What matters most to you? | |
| Which of these options, at this time, do you feel fits best with your personal goals? | |
| Is there anything that may get in the way of you doing this? | |
| Do you feel you have enough support and information? | |

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Benefits of Shared Decision Making

- Increases the importance placed on patient values and preferences
- Helps patients understand that they are active partners in making treatment decisions
- Restores a sense of control

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Benefits of Shared Decision Making

Patients want information!

Standard timeline: see the surgeon within a day or two of diagnosis.

- Some diagnostic information not available (ER, PR, HER2, breast MRI, axillary ultrasound)
- Consultation would cover multiple possibilities

Timeline with Shared Decision Making: see the nurse for SDM within a day or two of diagnosis, and see the surgeon a couple days after that.

- Allows time to complete additional imaging (if appropriate), and to determine ER, PR, and HER2 status
- Surgical consultation is straightforward and based on full information

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Benefits of Shared Decision Making

- Less overwhelming
- Patient is able to ask informed questions when meeting with the surgeon
- Surgeons can have a deeper conversation with the patient about their recommendations and reasoning

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Patient Feedback

"I was provided with an abundance of valuable information.....that is especially helpful when everything is so overwhelming and difficult to process when you are anxious about the cancer diagnosis. I am very pleased and impressed with the care."

~Breast Cancer Patient, anonymous SDM Survey response

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SDM at Allina Health

- Pilot programs for breast cancer Shared Decision Making at Buffalo and Abbott Northwestern in Minneapolis in 2015
- Now at all VPCI sites across Minnesota
- Breast Cancer Shared Decision Making at Allina Health has benefitted over 600 patients -- and counting!

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