Can we deliver care differently?
Developing a patient-led surveillance program for breast cancer related lymphedema

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Prospective Surveillance Model for Women with Breast Cancer (Stout et al Cancer 2012)

Pre-operative Evaluation & Education → Early Post-Op rehabilitation & re-assessment → On-going Surveillance

If no limitation noted

Targeted Rehabilitation Intervention & then back into Surveillance

If impairment noted

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Province-wide (BC) focus groups (B. Rafn et al)

“They say after you have a surgery not to sign any documents for at least 24 hours. So, let’s not tell patients important information. Like how dare you come in when I’m half corked out of my tree and lay all this information on me and now I’m responsible for it?!”
University based study (UBC) on self-measurement of arm girth

Can women measure their own arm? (Rafn et al. PTJ in press)

Intra- and inter-rater reliability ICC was 0.86-0.88 (p-value <0.001).

Can these results be replicated in a clinical setting with women who are undergoing breast cancer surgery and active treatment?
Self Measurement Partnership between Surrey Memorial Hospital Clinicians and UBC Researchers

Participants: Women undergoing surgery and treatment for breast cancer, n=33 (recruited at pre-admission clinic)

Design: Prospective, single-group feasibility and reliability study

Intra- and inter-rater reliability ICC was 0.90-1.00 (p-value <0.001).

Ease of Measurement (0-10 numeric rating scale, 0 “very difficult” to 10 “very easy”)
Pre-surgery: 8.3±2.2
Post-surgery: 8.0±2.0
Conclusions
• Self-managed prospective surveillance:
  • Feasible and reliable
  • High clinical utility

Impact on our patients
• Self-identify and seek targeted PT
• Reduced need for in-person appointments

Next Steps
• Enhancing Access to Physiotherapy Services After Breast Cancer Surgery (EASE BC) Trial
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