The Importance of Breast Cancer Nursing
Breast Cancer is The Most Common Cancer in Australian Women.

43 WOMEN DIAGNOSED EVERY DAY

15,740 MEN & WOMEN WERE DIAGNOSED IN 2015
1 IN 8 WOMEN WILL BE DIAGNOSED WITH BREAST CANCER BEFORE 85.
209,200 estimated to be living with a previous breast cancer diagnosis in Australia in 2017.
THE HISTORY OF THE BCN ROLE

• 1979 - First BCN in Australia
• 1990’s - BCN formally introduced into the health care system
• The BCN role was to provide quality of care
• “Quality of care means providing patients with appropriate services in a technically competent manner with good communication, shared decision making and cultural sensitivity"
Following a diagnosis many women experience serious psychological distress; if not addressed early in the process this can adversely affect care and outcomes.

A study by Baildam *et al* (2001) showed that within the cancer trajectory BCN’s were able to identify unmet psychosocial issues in a quicker timeframe than other medical professionals.
Women diagnosed with breast cancer need a high amount of information and support. The BCN provides information and support regarding pre & post op care.
**BCN ROLE IN EARLY BREAST CANCER**

- BCN support continues after surgery and individualized information is supplied regarding chemotherapy, radiotherapy, hormone therapy and survivorship care.

- The BCN works with the patient to design and create her new “normal” during and after her breast cancer experience.
BCN ROLE IN EARLY BREAST CANCER

• Despite growing numbers of women being diagnosed with breast cancer there has also been an increase in survival.

• With the growing numbers of survivors there is a high need for accessible and quality post treatment medical and psychosocial care.

• Those who received systematic BCN care were better informed and reported feeling better supported than those who did not.
THE BCN ROLE IN SECONDARY BREAST CANCER

• A portion of breast cancer patients will not be cured. Some women live for just a few months, but many may live for several years while constantly receiving treatment in some form to keep their disease in control.

• The BCN provides education and support to the patient and their family while also encouraging candid and honest discussions about end of life care and palliative care.

• BCNs are a strong patient advocate
BCN ROLE

BCN will provide information and education on the genetic clinics and process for genetic testing

"My doctors estimated that I had an 87% risk of breast cancer and a 50% risk of ovarian cancer.”
Approximately 1/3 of people diagnosed with cancer live in rural, regional, or remote areas. BCNs are of great value to patients in these more isolated locations.

Challenges

BCNs are not regulated by a professional body, nor do they have a consistent structure to their practice. They practice in a variety of settings, all of which have different roles and expectations of BCNs.
BCN EFFECTIVENESS

Randomised controlled trial of BCN support to 50 women at a regional centre in Queensland

Women who had a BCN (n= 28)

“She was excellent!!! Very knowledgeable”

“She left me in no doubt on what type of cancer it was and the best way for it to be treated”
Women that didn’t have BCN (n = 22)

“you need professional training with this sort of thing because it’s a multifaceted problem...the physical – the women’s self image of herself, the psychological and the fear of dying and the physical un-wellness.”

“I would have liked to have talked to someone”

“I think they did their best......nothing that was adequate”

“What I needed was emotional support specifically related to breast cancer”
• “Participants reported they felt comfortable approaching the BCN for information or support because they knew that this was the focus of her work, and that she had time to respond to their needs. They were able to develop a trusting relationship in which they felt supported, were well informed, had someone to talk to, and someone to go to for help at any stage of their treatment, Accessibility of the BCN was mentioned as a highly positive feature of the role and having familiar person always available to them was important and reduced their levels of anxiety”.

https://www.youtube.com/watch?v=Lhb2aIGVdMM
YES, I DID HAVE MY MAMMOGRAM TODAY... WHY DO YOU ASK?
MCGRATH BREAST CARE NURSE

Registered division 1 nurse who has worked in oncology for at least 5 years.

Completed post graduate studies in breast care nursing or oncology nursing

Referrals accepted from allied health professionals, GP, specialists, nurses, and also people can self refer.

We provide a free service
The McGrath Foundation was co-founded by Jane McGrath and her husband Glenn in 2005 after Jane was first diagnosed with breast cancer at just 31 years old. Jane became a passionate believer in the need for breast care nurses and greater breast awareness for all women regardless of age. The McGrath Breast Care Nurse Programme and Curve Lurve are the result of Jane’s legacy.
THE MCGRATH FOUNDATION

The McGrath Foundation raises money to place McGrath Breast Care Nurses in communities across Australia, as well as increasing breast awareness in young people.
WHY WE DO WHAT WE DO

To ensure every person in Australia experiencing breast cancer has access to a dedicated breast care nurse. With a 90% survival rate within five years of diagnosis, more survivors means more nurses required.
AUSTRALIAN FAMILIES

More than 44,000 Australian families supported by McGrath Breast Care Nurses to date. 15,600 families will experience a breast cancer diagnosis in the coming year.
RESOURCES

- McGrath Foundation
- Breast Cancer Network Australia
- Cancer Council Victoria
- BreaCan
- Think Pink Living Centre
- OTIS Foundation
- Westmead BCI
- Australian Cancer Survivorship Centre
REFERENCES


• ELEY, R., & ROGERS-CLARK, C. (2012). CONSUMER PERCEPTIONS OF THE EFFECTIVENESS OF A BREAST CARE NURSE IN PROVIDING COORDINATED CARE TO WOMEN WITH BREAST CANCER IN QUEENSLAND, AUSTRALIA. AUSTRALIAN JOURNAL OF ADVANCED NURSING. 56-61 29 (3).


THANK YOU