**Breast Cancer: Supported Self-Management Pathway (SSMP)**

**Standard Operating Procedure**

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| **Post Holder Responsible for Policy:** | Miss Roanne Fiddes – Consultant Breast Surgeon |
| **Directorate Responsible for Policy:** | Surgery/Breast |
| **Contact Details:** | Breast ext. 5910/5913 |
| **Date Written:** | May 2018 |
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| **Version No.** | **Updated By** | **Updated On** | **Description of Changes** |
| V3. | Meg Duggan and Roanne Fiddes | May 2024 | Documents in Appendix |
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**Breast Cancer: Standard Operating Procedure**

**SOP Title:** Breast Supported Self-Management Pathway (SSMP)

**Version:** 1.0

**Purpose:** The purpose of this Standard Operating Procedure is to document the process and criteria involved in each of the follow up pathways and the inclusion/exclusion criteria

At completion of hospital based treatment, follow-up options will be discussed with patients. This may be

1. Shared Care – traditional follow-up with regular out-patient appointments and clinical review alongside standard imaging.
2. Supported self-management pathway (SSMP)

SSMP should be considered for all patients. This type of follow-up should be discussed with patients and written information provided to outline the SSMP pathway as early as possible in their management.

Patients may move between the two different follow-up pathways if their needs change during the follow-up period.

**Inclusion criteria for SSMP**

* 0-5 years post breast cancer diagnosis.
* All patients treated for breast cancer with curative intent and with no evidence of metastatic disease may be considered for SSMP.
* Hospital based treatment (surgery for breast cancer, radiotherapy, chemotherapy, antibody treatment) complete.
* Patients continuing to receive 6 monthly bisphosphonate infusions may be considered for SSMP at discretion of oncology team.
* Clinician assessment of patient suitability to self-manage.

**Exclusion criteria**

* Patients with metastatic disease.
* Patients deemed unsuitable for SSMP by a clinician – this may include ongoing psychological, cognitive or social issues meaning they are unable to self-manage.
* Patient choice.

Patients who decline SSMP or who are deemed unsuitable for supportive self-management should continue with shared care.

**SSMP Pathway**

At completion of hospital based treatment, follow-up options are discussed with patient at an out-patient appointment with a healthcare professional (Surgeon / Oncologist or clinical nurse specialist (CNS)) which includes a clinical review.

Both SSMP and Shared care should be discussed.

Patient information Leaflet “Salisbury Breast Care Self support Guide” is provided.

If SSMP is agreed by the patient and clinician the patient is given contact details of the SSMP co-ordinator.

A treatment summary is completed in clinic by the clinician entering the patient into SSMP. The treatment summary should include

* Named breast surgeon
* Named oncologist
* Named CNS
* Detailed histology
* Surgery and dates
* Chemotherapy/ antibody treatment and dates
* Radiotherapy and dates
* Endocrine treatment and duration
* Details of future mammograms
* Details of current bone health, advice and any future DEXA scan recommendations.
* Other information and advice to GP

 Covering letter and copies are sent to the patient, their GP and the SSMP co-ordinator

The next mammogram is requested in clinic stating details of diagnosis, surgery and dates along with when the next mammogram is due.

The SSMP co-ordinator will make contact with patient within 2 weeks of appointment (face-to-face if available in clinic or telephone follow-up). This is an opportunity to answer any questions the patient may have about the follow up and to inform and invite them to the Moving forward clinic as part of their follow up pathway

eHNA completed by SSMP co-ordinator and an ongoing care plan is made.

Patient details are entered onto a secure database – includes tracking for mammograms, hormone therapies and their duration and dates for discharge from SSMP. This database is password protected but accessible to members of the breast team.

Any contact between the patient and the SSMP co-ordinator is logged on the Somerset Cancer Register. The Patient is invited to the next Moving Forward Clinic.

Up to 5 years post-breast cancer diagnosis, the SSMP co-ordinator can be contacted by the patient with any concerns relating to their breast cancer diagnosis. This may include

* Side-effects of treatment
* New symptoms
* Sign-posting for advice (psychological , diet, exercise, well-being, social support, other local services)

The SSMP co-ordinator will triage calls and if further assessment is required, will direct calls appropriately to Breast Surgery, Oncology or CNS teams for further action.

**Annual mammograms**

Patient will have annual mammograms for 5 years post-diagnosis.

* Bilateral for breast conservation (wide local excision)
* Contralateral mammogram for mastectomy patients
* No imaging for patients with bilateral mastectomy

First annual mammogram will be requested on entry into SSMP. Results will be sent to the patient and GP by letter when available (2-3 weeks after investigation) Requests for subsequent annual mammograms will be triggered by these results.

**Moving Forward Clinic**

Once entered into SSMP, all patients on SSMP will be invited to a Moving Forward Clinic, a health and well-being event.

This is held in the hospital site on a Friday morning approximately 8 times per year. It is a group clinic run by the SSMP co-ordinator and attended by other members of the breast care team including consultants and CNSs who provide educational talks for the patients. It is a patient education and support session to provide individuals with information to self-manage and to live with and beyond their cancer diagnosis. In addition it signposts patients to local support, facilities and opportunities.

Patients are provided with information regarding

* Consequences, side-effects and toxicities of treatment
* Future monitoring – mammograms and bone density scans
* Alert symptoms requiring referral back to the specialist team
* How to contact SSMP co-ordinator for access to information
* Fatigue management
* Emotional support
* Diet and nutrition
* Local well-being courses
* Local self-help groups and useful telephone numbers

**Discharge from SSMP**

At 5 years post-diagnosis, patients will be discharged from SSMP. This may be triggered by their final annual mammogram result or by the SSMP co-ordinator.

A discharge letter will be written by the surgical or oncology consultants or CNSs.

Patients and their GPs will be contacted by letter with advice to remain breast aware and to report any new or changing symptoms to their GP for assessment.

In addition, discharge correspondence will include the following advice:

**Mammograms**

If the patient is aged 50-70, they will be advised to attend mammograms 3 yearly through the NHS Breast Screening Programme (NHSBSP)

If a patient is under 50, they will continue to have annual mammograms until aged 50 at which time they will be discharged back to the NHSBSP.

If a patient is over 70, they will be given advice to access the NHSBSP for 3 yearly mammograms by contacting their local screening service.

**Endocrine treatment**

For patients on endocrine treatment at the end of their 5 years SSMP, advice regarding duration of endocrine treatment must be included in their discharge letter. This information should be in their original treatment plan.

This may include

* Stopping endocrine treatment at 5 years or
* Continuing with current endocrine treatment for up to a total of 10 years or
* Oncology outpatient appointment to discuss extending endocrine treatment

**DEXA scans and bone health**

Patients continuing on or changing to an aromatase inhibitor after 5 years will have additional advice in their SSMP discharge letter regarding ongoing DEXA scans and their existing bone health which will be requested to be organised by their GP.

**Appendix A: Treatment summary and covering letter to GP**

Dear Dr

I reviewed ***patient’s name*** in our follow-up clinic today following her treatment for breast cancer. She has agreed to enter our Supported Self-Management Pathway (SSMP) whereby they has direct access back to oncology or the Breast Surgery Clinics via their SSMP Co-ordinator. Routine clinic appointments will not be made. Access to the breast surgery department through SSMP is generally up to five years following the date of breast cancer surgery. At the end of the five-year period, each patient should receive an SSMP discharge letter with advice regarding ongoing treatment and investigations.

An appointment for a “Moving Forward” clinic will be arranged in the near future to provide education, information and support for survivorship and general well-being. An information booklet, “Salisbury Breast Care Self Support Guide” has been provided.

Signs and Symptoms to report:

The following is a reminder of the signs and symptoms to keep in mind when treating patients who have previously had breast cancer. These symptoms could indicate a return or spread of the disease and will need further investigation.

* A lump or swelling in the breast, in the skin after a mastectomy, above the collar bone, in the neck, or under the arm
* Any skin changes, red areas or raised spots on the breast or mastectomy scar.
* Nipple discharge
* Development of lymphedema
* Any new or persistent pain in any part of the body, especially in the back or hips, that does not improve with painkillers.
* Unexplained weight loss and a loss of appetite
* A constant feeling of nausea
* Discomfort or swelling under the ribs or across the abdomen.
* A dry cough or feeling of breathlessness.
* Severe headaches – usually worse in the morning
* Any abnormal neurology e.g., pins and needles and/or a loss of sensation of weakness in the arms or legs might suggest underlying spinal cord compression and urgent referral should be considered.

For any questions regarding treatment, advice for ongoing management, new or concerning symptoms or general enquiries relating to their breast cancer, patients can contact our SSMP co-Ordinator on 01722 336262 ext. 2417.

Kind Regards,

Yours Sincerely,

Cc:

Meg Duggan

SSMP Co-ordinator Breast

Health and Fitness Centre

Salisbury Hospital

**Breast Cancer Treatment Summary**

**GP Details: Re: Patient Details:**

|  |  |
| --- | --- |
| Surgical Consultant: |  |
| Oncology Consultant: |    |
| Breast Care Nurse: |  |
| Pathological diagnosis: | Side:  |
| Size:  |
| Type:  |
| Grade:  |
| Lymph nodes:  |
| ER:  | PR | Her2:  |
| TNM stage:  |
| Surgical treatment and dates: |   |
| Medical treatment and dates: |   |
| Radiotherapy and dates: |  |
| Endocrine therapy prescription: |  |
| Breast imaging prescription: |  |
| Bone health: | Baseline DEXA scan |  |
| Advice |  |
| Follow-up DEXA due |  |
| Further information: |  |

 Completed by

 Signature

 Date

**Appendix B: Treatment Summary and Covering Letter Patient**

Dear…

You were reviewed in our follow-up clinic today, following your treatment for breast cancer. You have agreed to enter our Supported Self-Management Pathway (SSMP), whereby you will have direct access back to oncology or the Breast Surgery Clinics via the SSMP Coordinator. Routine clinic appointments will not be made. Access to the breast surgery department through SSMP is generally for up to 5 years from the date of breast cancer diagnosis. At the end of the 5 year period, you should receive an SSMP discharge letter with advice regarding ongoing treatment and investigations.

An appointment for a "Moving Forward" clinic will be arranged in the near future to provide education, information and support for survivorship and general well-being. An information booklet, "Salisbury Breast Care Self Support Guide" has been given to you.

For any questions regarding treatment, advice for ongoing management, new or concerning symptoms or general enquiries relating to your breast cancer diagnosis, you can contact our SSMP coordinator on 01722 336262 ext 2417.

Yours Sincerely,

**Breast Cancer Treatment Summary**

|  |  |
| --- | --- |
| Surgical Consultant: |  |
| Oncology Consultant: |    |
| Breast Care Nurse: |  |
| Pathological diagnosis: | Side:  |
| Size:  |
| Type:  |
| Grade:  |
| Lymph nodes:  |
| ER:  | PR | Her2:  |
| TNM stage:  |
| Surgical treatment and dates: |   |
| Medical treatment and dates: |   |
| Radiotherapy and dates: |  |
| Endocrine therapy prescription: |  |
| Breast imaging prescription: |  |
| Bone health: | Baseline DEXA scan |  |
| Advice |  |
| Follow-up DEXA due |  |
| Further information: |  |

**Appendix C: Welcome letter to SSMP if patient not seen in clinic by SSMP Co-Ordinator – Mammogram**

Dear…

I’m sorry I have not been able to reach you on the telephone. Following on from your most recent discussion with your breast care team, you are now in the Supported Self-Management Pathway (SSMP). I am writing to you to welcome you into this follow up and encourage you to call me on ***01722 336262 ext. 2417*** should you want more information on the SSMP process***.***

SSMP is our process of follow up for patients after treatment for breast cancer. In this follow up you will not receive annual follow up appointments. Instead we encourage you to call the number on the booklet and on this letter which will get you through to your SSMP co-ordinator who can co-ordinate and communicate with your breast team to answer questions or deal with concerns as/if they arise. You will still have annual mammograms under the breast unit for 5 years post your surgery.

You will be invited to a Moving Forward Clinic – which you will receive a date of in the post a month prior to the clinic. This will be a two hour session run by the Breast team to cover medical topics such as: menopausal symptoms, scar management, breast awareness etc. and also cover the psychosocial impact of cancer such as: fatigue management, anxiety management, diet, exercise and support services.

Please do not hesitate to contact me on ***01722 336262 ext. 2417***, if you have any questions about your follow up or wish to discuss anything that is not clear.

Kind Regards

**Megan Duggan**

SSMP Co-ordinator/ Cancer Support Worker

**Appendix D: Welcome letter to SSMP if patient not seen in clinic by SSMP Co-Ordinator – Bilateral Mastectomy**

Dear…

I’m sorry I have not been able to reach you on the telephone. Following on from your most recent discussion with your breast care team, you are now in the Supported Self-Management Pathway (SSMP). I am writing to you to welcome you into this follow up and encourage you to call me on ***01722 336262 ext. 2417*** should you want more information on the SSMP process***.***

SSMP is our process of follow up for patients after treatment for breast cancer. In this follow up you will not receive annual follow up appointments. Instead we encourage you to call the number on the booklet and on this letter which will get you through to your SSMP co-ordinator who can co-ordinate and communicate with your breast team to answer questions or deal with concerns as/if they arise.

You will be invited to a Moving Forward Clinic – which you will receive a date of in the post a month prior to the clinic. This will be a two hour session run by the Breast team to cover medical topics such as: menopausal symptoms, scar management, breast awareness etc. and also cover the psychosocial impact of cancer such as: fatigue management, anxiety management, diet, exercise and support services.

Please do not hesitate to contact me on ***01722 336262 ext. 2417***, if you have any questions about your follow up or wish to discuss anything that is not clear.

Kind Regards

**Megan Duggan**

SSMP Co-ordinator/ Cancer Support Worker

**Appendix E: Standard letter for normal mammogram result during SSMP**

Dear…

Further to your recent mammogram, I have seen your results and am pleased to say that no abnormality is seen.

I have requested a further mammogram to take place in a year’s time, for which you will receive an appointment directly from the radiology department closer to the time. Following this, we will write to you with the results.

As you are part of our Supported Self-Management Pathway (SSMP) we have not arranged a routine follow-up for you. Should you have any concerns, please refer to your information leaflet “Salisbury breast care – self support guide” or contact the team on 01722 425137.

Kind regards,

**Appendix F: Discharge letter from SSMP – On going mammograms**

Dear…

Further to your recent mammogram, I have seen your results and am pleased to say that no abnormality is seen.

As it has now been five years since your original surgery we will discharge you from our Supported Self-Management Pathway. Mammograms will now take place via the Breast Screen Programme on a 3 yearly basis. They can be contacted in Southampton on 02381 204959 or in Swindon on 01793 604036.

As you have been taking tamoxifen for five years, you will have received maximum benefit from this and therefore this can be stopped.

May I ask you remain breast aware reporting any new signs or symptoms. If you have any concerns in the future we are happy to see you again at the request of your GP.

Kind Regards,

**Appendix F: Discharge letter from SSMP – Bilateral Mastectomies**

Dear…

As it has now been five years since your original surgery we will discharge you from our Supported Self-Management Pathway.

As per your original treatment summary, please continue taking anastrozole for a further two years if you are tolerating this well.

May I ask you remain breast aware reporting any new signs or symptoms. If you have any concerns in the future we are happy to see you again at the request of your GP.

Kind Regards,

**Appendix C: Protocol for assessment and management of bone health in breast cancer patients taking aromatase inhibitors**

aLifestyle advice

* Regular weight bearing exercise
* Stop smoking
* Avoid excess alcohol

Further lifestyle advice available in “Breast cancer treatment and the risk of osteoporosis – Factsheet.” Breast cancer care

b≥ 1g calcium + 400-800 IU Vit D daily

c ESR, FBC, bone profile, LFTs, serum creatinine, endomysial antibodies, TFTs

dAlendronate 70mg per week, risedronate 35mg per week or ibandronate 150mg po monthly

eRisk factors

* previous low-trauma fracture aged >50
* parental history of hip fracture
* alcohol intake ≥ 4units / day
* diseases associated with secondary osteoporosis
* prior corticosteroids for > 6 months
* low BMI (<22)

ref: Reid DM et al . Guidance for the management of breast cancer treatment-induced bone loss. A consensus position Statement from a UK expert group. *Cancer Treat Rev* 2008:34:S1-S18

|  |  |  |
| --- | --- | --- |
| T score | Treatment advice | Scan frequency |
| ≥-1.0 | Lifestyle advicea | BaselineNo further scans unless clinically indicated |
| <-1.0 but ≥2.0 | Lifestyle adviceaCalcium and Vit D if deficientb | Baseline2 years5 years  |
| <-2.0 orVertebral fracture or Annual bone loss >4% | Lifestyle adviceaAssess for secondary osteoporosiscCalcium and vit DbTreat with bisphosphanatesd | Baseline2 years5 years |
| T score <-3.0 **or**T score <-2.0 and ≥ 1 risk factore **or** bisphosphanate intolerant or contra-indicated | Lifestyle adviceaAssess for secondary osteoporosisCalcium and Vit Db**Refer to rhematologists for osteoporosis assessment** | Baseline2 years 5 years |