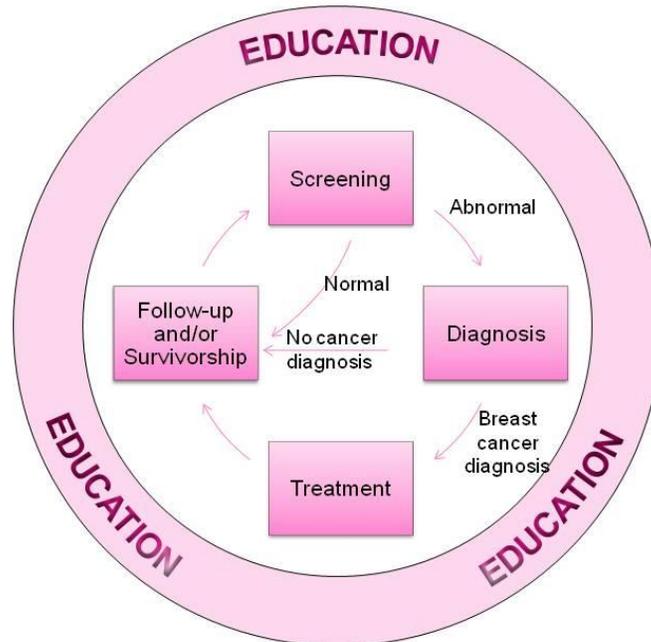


Breast Cancer Continuum of Care (COC)



The Breast Cancer Continuum of Care

The figure above illustrates the breast cancer continuum of care (CoC) which is a model that shows how a woman or man typically moves through the health care system for breast care. Individuals can enter the CoC at any stage, and the goal for all individuals is to remain in the CoC and go through it in a timely, smooth manner. Ideally, a woman would enter the CoC by getting screened for breast cancer – with a clinical breast exam (CBE) and/or a screening mammogram. If the screening test results are normal, she would loop back into follow-up care, where she would get another screening exam at the recommended interval. Education is not included directly in the CoC steps as it plays an important role throughout the continuum, not only at specific phases. Following is a description of each phase:

Screening:

“Screening” is a general term covering various types of breast examinations. Age and risk of breast cancer usually determines the screening needs. Women need a CBE at least every three years during ages 20-39 and every year beginning at age 40. CBEs are usually conducted by a primary care physician during a physical (well person visit). Women at average risk should start getting a mammogram every year beginning at age 40, in addition to the CBE. Women at higher risk should discuss when to start getting mammograms with a health care provider. CBEs and mammograms are complementary because they are more accurate than either screening test used alone. Education plays a role in both providing education to encourage women to get screened and reinforcing the need to continue to get screened routinely thereafter. Also, education can empower a woman and help manage anxiety and fear throughout the continuum.

Diagnosis:

If patients receive abnormal results from a CBE or mammogram, they may need diagnostic procedures to better identify the nature of the abnormality. These procedures include, but are not limited to a diagnostic mammogram, ultrasound and biopsy.

Treatment:

If the diagnosis is breast cancer, the patient and provider together determine the best course of treatment. Treatment may include surgery, chemotherapy, radiation, hormone therapies and targeted therapies (depending on receptor positivity). Education can cover such topics as treatment options, how a pathology reports determines the best options for treatment, understanding side effects and how to manage them, and helping to formulate questions a woman may have for her providers.

Follow-up Care:

Whether diagnosed with breast cancer or not, all women should have regular screenings as recommended by a health care provider. For survivors, this may include side-effect management, long-term treatment, reconstruction (if not part of treatment), survivorship/co-survivorship and, if needed, end-of-life care. Education may address topics such as making healthy lifestyle choices, long term effects of treatment, managing side effects, the importance of follow-up appointments and communication with providers.

The goal for every individual diagnosed with breast cancer is to keep them in the CoC. It is important to consider issues and barriers that prevent women from entering the CoC and at which stages women may fall out of the CoC. These barriers can include things such as lack of transportation, system issues including long waits for appointments and inconvenient clinic hours, language barriers, fear, and lack of information - or the wrong information (myths and misconceptions). Education can address some of these barriers and help a woman progress through and remain in the CoC.