

# The Advanced Practice Nursing Role in a High-Risk Breast Cancer Clinic

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**Purpose/Objectives:** To describe the role of an oncology nurse practitioner in a breast cancer prevention clinic.

**Data Sources:** Published articles, abstracts, and book chapters and personal experience.

**Data Synthesis:** Validated risk assessment models and genetic screening can be used to assess an individual's risk for breast cancer. Lifestyle changes and medical interventions can reduce that risk.

**Conclusions:** Interventions for primary prevention of breast cancer soon may become one of the most effective means of reducing the incidence, morbidity, and mortality of breast cancer.

**Implications for Nursing:** Advanced practice nurses in the oncology setting are ideal healthcare providers to assess patients' risk of breast cancer, determine physical findings that can influence that risk, provide risk education, synthesize existing data, and make recommendations for surveillance, pharmacotherapy, lifestyle changes, and genetic counseling and testing. Limitations in the existing data in cancer prevention provide excellent opportunities for nursing research.

## Key Points . . .

- ▶ The risk of developing breast cancer can be reduced in some women.
- ▶ Risk assessment and counseling about intervention options now can be considered a standard of care.
- ▶ Cancer risk assessment and counseling are appropriate roles for advanced practice nurses.
- ▶ Risk reduction intervention options include lifestyle modifications, tamoxifen, prophylactic mastectomy, and prophylactic oophorectomy.

The high-risk breast cancer prevention clinic is held one to two days per month, depending on the number of patients scheduled. Patients may be self-referred or referred by a healthcare professional. The primary source of referrals to the clinic has been from surgeons and gynecologists. A significant number of patients have self-referred because they have relatives with breast cancer. This clinic has been advertised in a local newspaper, in grand rounds at a local hospital, in mailings to local physicians, and at several local health fairs.

This breast cancer prevention clinic seeks to provide comprehensive health education and individualized recommendations for patients who believe they are at risk for breast cancer. The goals of the clinic are listed in Figure 1.

## Background

One of the major reasons women do not have mammograms or perform regular breast self-examinations (BSEs) is lack of clinician recommendation (Gulitz, Bustillo-Hernandez, & Kent, 1998). Although annual mammography is recommended for women over the age of 40 (ACS, 2002c), women aged 50 and older often are not encouraged to obtain breast screenings. In a comprehensive study completed in Florida, investigators found that primary care providers who are older than age 50, specialize in adult or geriatric care, or practice in a rural area were the providers who were most likely to miss

The lifetime risk for breast cancer in the United States is 12%, which means that one in eight women will be affected. In 2002, approximately 203,500 women and 1,500 men in the United States were diagnosed with invasive breast cancer and 54,300 individuals were diagnosed with in situ breast cancer. An estimated 40,000 died from the disease in 2002 (American Cancer Society [ACS], 2002b).

The number of deaths attributed to breast cancer declined from 1992–1998 as a result of earlier detection and improved treatments (ACS, 2002b). Healthcare providers have long understood that early detection of breast cancer, including risk assessment, screenings, and self-examinations, increases long-term survival. Now, increasing evidence suggests that the risk of developing breast cancer also can be reduced (Prout, 2000). In fact, lifestyle changes, surgery, and medications may prevent cancer in selected women (Prout). Risk assessment and consultation are appropriate for anyone concerned about the risk of developing breast cancer. Interventions for primary prevention of breast cancer soon may become one of the most effective means of reducing the incidence, morbidity, and mortality of breast cancer. Risk assessments and counseling about intervention options now can be considered a standard of care (Knaus, 2002).

This article describes the role of the oncology nurse practitioner (NP) in a breast cancer prevention clinic. One NP supported by two board-certified medical oncologists opened this clinic in October 2000. Risk assessments, history and physical examinations, recommendations for surveillance and intervention, genetic counseling and testing, and education are included in the one- to two-hour office visit.

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