Supporting Breast Self-Examination in Female Childhood Cancer Survivors: A Secondary Analysis of a Behavioral Intervention

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Purpose/Objectives: To identify intervention targets that will increase the frequency of breast self-examination (BSE) in female survivors of childhood cancer.

Design: Secondary data analysis of longitudinal clinical trial data.

Sample: 149 female survivors (aged 12–18 years) a median of 11 years after diagnosis of leukemia or lymphoma (59%) or solid tumor (41%).

Methods: Paired t tests, Wilcoxon signed rank tests, repeated measures analysis of variance, and analysis of covariance.

Main Research Variables: BSE frequency, health risk perceptions, motivation, and fears or worries.

Findings: Baseline BSE frequency was the strongest influence on follow-up BSE. Baseline and follow-up age and school grade influenced follow-up BSE. Other influential variables included motivation for behavior change, motivation to commit to health promotion, concern about appearance, and an interaction between the intervention and mother’s highest grade level. When baseline BSE frequency and school grade were statistically controlled, diagnosis and significant interactions between grade level and the follow-up measures of the mother’s education, general fears about cancer, fears about cancer returning, and perceptions of susceptibility to late treatment effects were significant influences on BSE after intervention.

Conclusions: Survivors least likely to perform BSE are fearful about cancer and are not motivated to change health behaviors.

Implications for Nursing: Nurses should explore survivors’ fears about cancer and late treatment effects to address misconceptions, use modeling techniques with return demonstrations to ensure competency in BSE, and tailor risk information to each survivor’s background (socio-economic status, age, development) and cognitive (disease and treatment knowledge, risks) and affective (fears) characteristics to increase BSE motivation.

Female survivors of childhood cancer are at significant risk for developing breast cancer. Survivors who receive mantle, abdominal, or craniospinal radiation and fail to enter puberty or enter premature menopause face an increased risk for developing breast cancer (National Research Council, 2003). Childhood Hodgkin survivors are at greater risk for developing breast cancer than women in the general population (Bhatia et al., 2003), with a cumulative risk over 25 years of follow-up at 9.9% overall and 12.2% for those treated with supradiaphragmatic irradiation (Taylor, Winter, Stiller, Murphy, & Hawkins, 2006). The Childhood Cancer...