Development of the Breast Cancer Education and Risk Assessment Program

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Purpose/Objectives: To provide a description of the inception and evolution of the Breast Cancer Education and Risk Assessment Program.

Data Sources: Computerized database (e.g., Personal Family History Risk Assessment Model, Knowledge Assessment Tool, risk perception, evaluation form) and author experience.

Data Synthesis: A total of 749 women participated in the group education and risk-assessment program from March 1999 through March 2002. Advanced practice nurses provided information about calculated risks, corrected misperceptions among participants, and highlighted options available to decrease breast cancer risk. Knowledge scores improved, and, in general, participants were very satisfied with the content and comprehensibility of the educational session.

Conclusions: Results from the evaluation of the Breast Cancer Education and Risk Assessment Program suggest that group education is a viable and acceptable way to bring new advances in breast cancer prevention to large groups of women. The data sources support the conclusion that women can be effectively taught general breast cancer risk information in a group setting and be placed into specific risk categories to streamline discussion of risk-management options and relevant research studies.

Implications for Nursing: Advanced practice nurses are a vital link in the assessment of women at high risk for breast cancer, education, and appropriate referrals for management options and relevant clinical trials.

Key Points . . .

➤ The Breast Cancer Education and Risk Assessment Program is an effective and efficient method of providing information and identifying women at high risk for breast cancer.

➤ An integrated model that incorporates both personal risk factors and maternal and paternal family history of cancer was developed and may estimate more accurately the risk of developing breast cancer.

➤ Advanced practice nurses are a vital link in the assessment of women at high risk for breast cancer, education, and appropriate referrals for management options and relevant clinical trials.

• Age of 60 years or more
• Age of 35–59 years with a five-year estimated absolute risk of breast cancer of at least 1.66%
• A diagnosis of lobular carcinoma in situ (LCIS)

Five-year risks were calculated using the Breast Cancer Risk Assessment Tool (BCRAT), a modification of the Gail Model that estimates absolute risk of breast cancer using age, menarche, age at first live birth, first-degree family history, number of breast biopsies, history of atypical hyperplasia, and race (Gail et al., 1989).

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