PO4-10-11 Needs of oncology nurse navigators serving young or metastatic breast cancer patients



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% earlier- % later- % earlier- % later-

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BACKGROUND

Oncology nurse navigators (ONNs) facilitate breast cancer patients' care via information, resources, and referral services.

Among breast cancer patients, they serve two important and distinct groups:

- young women with breast cancer (yBC), diagnosed age 45 or younger, and
- people living with metastatic breast cancer (mBC)

Both groups report psychosocial distress and quality-of-life issues, and also they have unique challenges:

- **yBC patients** face disruptions to family planning, potential emotional and psychological distancing from family and peers, and body image concerns.
- People living with metastatic breast cancer (mBC) face mortality and end-of-life issues, often intense treatment side effects and potentially substantial financial burdens.

Objective: To determine the needs and barriers of ONNs serving yBC and mBC patients.

METHODS

52 active ONNs completed an online needs assessment survey.

A survey created by a working group of patients, patient advocates, ONN and cancer and health communication experts lead by FORCE. ONN were recruited from May 4, 2020 to September 30, 2020. Respondents were excluded if they were not practicing ONNs (n=13), were outside the U.S. (n=2) or completed <25% of the survey (n=34).

46 of 52 participants provided length of work experience; responses were similar to the full cohort for all questions assessed. This study was certified as exempt (Protocol 000339) by the University of South Florida IRB.

PARTICIPANT DEMOGRAPHICS

Role as Oncology Nurse Nav	<i>ı</i> igator
Work setting (N=52)	rigator
Community cancer center	40%
Non-profit organization	21%
Academic institutions	15%
Federally funded health	6%
centers	
Industry	2%
Volunteer	2%
Rural setting	11%
Did not report	35%
Years practicing (N=46)	
5 years or less	48%
over 5 years	52%

In the prior 6 months,

- Most ONNs saw more yBC than mBC patients:
- 10-19 yBC (35% of ONNs)
- 1-4 mBC patients (34% of ONNs)
- Volume of yBC or mBC patients did not correlate with work experience.
- Overlap between yBC and mBC patients was not determined.

Participants could select more than one option; total may not add to 100%

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RESULTS

ONNs' familiarity with topics varied.

ONN were least familiar with tumor biomarker testing, clinical trial participation, fertility preservation, long-term health issues, menopause and pain management and sexual health or intimacy issues.

ONNs' familiarity with topics differed by career stage.

• Familiarity with genetic counseling/testing and clinical trial participation significantly increased with years of practice.

ONN Topic Familiarity	all ONN (n=52)		Earlier-career (n=22)	Later-career (n=24)	
		Fisher's exact			Fisher's exact
Topic	% familiar	testa	% familiar	% familiar	test ^b
Breast reconstruction	87	comparator	82	92	ns
Healthy lifestyles	85	ns	77	88	ns
Genetic counseling and testing	83	ns	73	96	.0431
Cancer preventive services	81	ns	73	88	ns
Fatigue	77	ns	82	75	ns
Palliative care	75	ns	77	79	ns
Mental health	73	ns	73	79	ns
Targeted therapy	71	ns	64	71	ns
Financial issues	69	ns	59	83	ns
Tumor biomarker testing	65	.0206	73	71	ns
Clinical trial participation	62	.0066	45	79	.0315
Fertility preservation	62	.0066	64	63	ns
Long-term health issues	62	.0066	68	54	ns
Menopause management	62	.0066	55	67	ns
Pain management	62	.0066	59	67	ns
Sexual health or intimacy	54	.0005	41	67	ns

^a Familiarity with a topic (yellow) versus the most familiar topic (comparator, grey). Fisher's exact test (p<0.05) ^b Familiarity of earlier-career ONN compared to later-career ONN (blue). Fisher's exact test (p<0.05) ns, not significant,

ONN referral

all ONN	all ONN	career ONNs	career ONNs	career ONNs	career ONNs
уВС	mBC	yBC	yBC	mBC	mBC
100	97	100	100	100	95
93	82	82	100	64	94
98	100	95	100	100	100
93ª	50ª	89	95	62	44
91	83	85	95	64	94
63	68	35 ^c	89°	36 ^c	89°
85	76	88	79	79	78
79	72	78	79	64	82
72 ^a	25ª	71	76	31	22
68ª	36ª	63	75	33	41
84	82	89	75	87	72
76	65	78	68	57	67
76	84	78	67	79	89
52 ^b	83 ^b	53	53	88	79
	93° 91° 63° 85° 79° 72° 68° 84° 76° 76°	ONN ONN yBC mBC 100 97 93 82 98 100 93° 50° 91 83 63 68 85 76 79 72 72° 25° 68° 36° 84 82 76 65 76 84	ONN ONN yBC mBC yBC 100 97 100 93 82 82 98 100 95 93a 50a 89 91 83 85 63 68 35c 85 76 88 79 72 78 72a 25a 71 68a 36a 63 84 82 89 76 65 78 76 84 78	ONN ONNs ONNs yBC mBC yBC yBC 100 97 100 100 93 82 82 100 98 100 95 100 93a 50a 89 95 91 83 85 95 63 68 35c 89c 85 76 88 79 79 72 78 79 72a 25a 71 76 68a 36a 63 75 84 82 89 75 76 65 78 68 76 84 78 67	ONN ONNS ONNS ONNS yBC mBC yBC mBC 100 97 100 100 100 93 82 82 100 64 98 100 95 100 100 93a 50a 89 95 62 91 83 85 95 64 63 68 35c 89c 36c 85 76 88 79 79 79 72 78 79 64 72a 25a 71 76 31 68a 36a 63 75 33 84 82 89 75 87 76 65 78 68 57 76 84 78 67 79

a Services for which ONN referred yBC significantly more frequently than mBC patients (blue).
b Services for which ONN referred yBC significantly less frequently than mBC patients (orange, italicized).
c Earlier-career ONNs referred both yBC and mBC patients to clinical trials significantly less often than later-career ONNs (bold, gray).

Referral patterns differed between yBC and mBC patients.

- Most ONNs referred yBC and mBC patients for financial, mental health, or genetic testing services.
- ONNs referred yBC more frequently (blue bars) than mBC patients to breast reconstruction (p=.00001), fertility preservation (p<.00001), and cancer prevention services (p=0.0091) and less often to palliative care (orange bar, p=0.0048).

Referral to clinical trial services differed with years of practice.

■ Earlier-career ONNs referred yBC and mBC patients significantly less frequently to clinical trials than later-career ONNs (35% vs 89%; p=.0014 for yBC, and 36% vs 89%, p=.0028 for mBC, grey bars).

ONNs reported substantial barriers to many services

- The majority of ONN reported barriers for 12 of 14 queried services.
- Barriers were reported most frequently for:
 - fertility preservation services
 - financial barrier
 - lack of programs/providers
 - clinical trial services
 - patient understanding of value
 - medical jargon/health literacy barriers
- The majority of ONN reported no barrier for fatigue, menopause management, and pain management services.

Referral barriers Most common barrier reported % ONNs never reporting referring any barrier Fertility preservation 9 46 patient understanding value **Clinical trials** Mental health 22 lack of programs/providers Genetic counseling/testing patient understanding value Cancer prevention Long-term health issues 23 Barriers to referral KEY Healthy lifestyles lack of programs/providers Financial issues 35 patient understanding value Palliative care 40% to 59% 54 20% to 39% Menopause managemei 0% to 19% 44 17 19 25 6 17 56 no barrier

EDUCATIONAL NEEDS

Continuing education and patient material needs

Topic	Continuing education needed	Patient materials needed	Familiarity with topic	
Sexual health or intimacy	52*	54*	54	
Complementary or alternative medicine	44*	50*	nd	
Health disparities	44*	25	nd	
Financial issues	42*	46*	69	
Long-term health issues	42*	48*	62	
Mental health	42*	56*	73	
Fertility preservation	38*	35	62	
Menopause management	38*	35	62	
Risk for other diseases	38*	38*	nd	
Environmental exposures and breast cancer risk	37*	35	nd	
Gender minority issues	37*	17	nd	
Impact on family, relatives or caregivers**	37*	48*	nd	
Risk for recurrence	35*	38*	nd	
Genetic counseling and testing	33*	46*	83	
Health literacy	31*	35	nd	
Communicating using plain language techniques	29*	nd	nd	
Lymphedema	29*	31	nd	
Breast reconstruction	27	31	87	
Cancer preventive services	25	31	81	
Tumor biomarker testing	25	17	65	
Direct-to-consumer genetic testing	21	19	nd	
Healthy lifestyles	21	40*	85	
Fatigue**	19	21	77	
Breast cancer treatments	17	25	nd	
Palliative care	17	33	75	
Targeted therapies	17	19	71	
Alcohol and tobacco	15	25	nd	
Clinical trials	12	31	62	
Treatment side effects	12	38*	nd	
Pain management	6	25	62	

md = not determined
 Most ONNs were interested in continuing education for sexual health and intimacy

but not clinical trials, treatment side effects, or pain management.

The most requested topics for patient education materials were mental health, sexual health/intimacy, and complementary/alternative medicine.

CONCLUSIONS

- Familiarity, referral patterns, educational needs, and barriers faced by earlier-career ONNs differ from later-career ONNs.
- Over 5 years of work experience seemed to be a meaningful threshold for distinguishing novice and expert ONNs.
- ONNs expressed significant barriers to referral for clinical trials, most commonly patient understanding of value.

PRACTICAL IMPLICATIONS

- Site-specific attention to differing needs of ONNs by job tenure may benefit patient outcomes.
- Barriers to clinical trial referral, most commonly reported as lack of patient understanding of value, suggesting that patient education and materials may help reduce this barrier.

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