

Evaluation of collaborative care by cl

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The introduction written by CL, provides a very clear picture of the issues of endocrine therapy as part of the treatment for hormone receptive breast cancer and providing an overview of what drugs are available, including what some of the side effects are. CL notes that tamoxifen therapy has been most commonly prescribed, but it is important to note that this is done mainly with premenopausal women who express the estrogen and/or progesterone receptor (John Hopkins, 2014a). Premenopausal women, with either ER or PR-positive receptors, are encouraged to take tamoxifen for five years in order to negate the effects of estrogen in in cancer cells, and may also undergo ovarian suppression as well in combined therapy.

CL notes that postmenopausal women, particularly with hormone-positive tumors, do better with third generation aromatase inhibitors (AI), such as Arimidex® (anastrozole), rather than tamoxifen. Ovarian suppression would not be done in this case, although if a patient had a family history of ovarian cancer, then an Oophorectomy would be strongly suggested (John Hopkins, 2014b). It is also important to note that tamoxifen would be prescribed if the postmenopausal patient had early stage non-invasive breast cancer (DCIS), in order to prevent breast cancer occurring in the unaffected breast.

Therefore, it is very important to note the two groups of women and why they are prescribed different drugs, and not just from the side effects.

The Plan

It is clear from CL's plan outline that the program specifically refers to postmenopausal women with either ER or PR-positive receptor breast

cancers who are undergoing endocrine therapy and that this will be a pilot program, along with a research outlook. The plan outlines obtaining a suitable group of participants, the requirement of key stakeholders, finding a suitable time frame to obtain enough data and results, and also determining a meaningful data collection tools. The only component missing is a mention of where funding will be obtained.

Implementation

The patient is the focal point of the research and pilot program and therefore, as CL notes, other key stakeholders are the Cardiac Nurse, Dietician, Medical Social Worker, Occupational and Physical Therapists. Yet, the hospital and clinic leadership group, which includes the CEO or President, the Director of Nurses, and the head of Quality Control or Enhancement in the facility, must be the first step of engagement, along with the Financial Officer, who will oversee expenditures (Melnik & Fineout-Overholt, 2011). The dissemination plan must be developed first and then, once approved and funding is in place, the implementation plan can be put into action.

Conclusion

As there is current research, albeit limited, that has been done on this subject, using that data as a baseline, will be important to determine outcomes of the program (Burstein et al., 2014). The Bonneterre et al. (2000) research study is an older study and there are newer ones available for better research compilation, yet it is a good beginning point. Each patient will have different needs, such as the previously mentioned issue with a family history of ovarian cancer, the need for bone therapy, common in this group of postmenopausal women, and other specific variables, which must

be notated and analyzed within the guidelines of what has been researched before. The main focus, as CL's objective is stated, is in improving the patient's lifestyle while moving through breast cancer therapy.

Resources

Burstein, H. J., Temin, S., Anderson, H., Buchholz, T. A., Davidson, N. E., Gelmon, K. E., ... Griggs, J. J. (2014). Adjuvant Endocrine Therapy for Women With Hormone Receptor-Positive Breast Cancer: American Society of Clinical Oncology Clinical Practice Guideline Focused Update. American Society of Clinical Oncology (ASCO) Online. Retrieved from <http://www.asco.org/quality-guidelines/adjuvant-endocrine-therapy-women-hormone-receptor%E2%80%93positive-breast-cancer-american>.

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Melnyk, B. M., & Fineout-Overholt, E. (2011). Evidence-Based Practice in Nursing & Healthcare (2nd ed.). Baltimore, MD: Wolters Kluwer Health.