



Addressing the needs of younger women with breast cancer

Recommendations summary*

<p>1. Addressing general information needs:</p> <ul style="list-style-type: none"> • Provide an information pack at the point of diagnosis comprising relevant resources, e.g. the NBOCC's <i>A guide for women with early breast cancer</i> • It is useful to recommend, good-quality Internet sites • Allow women time to reflect on their treatment options before having to make a decision • Needs change over time, revisit issues during follow-up consultations • Provide a range of information resources, such as in-consultation materials, take-home booklets and decision aids, and audio and videotape material • Ensure that key information is delivered in the consultation, as well as in written or visual materials.
<p>2. Information about fertility, menopause, sexuality and body image:</p> <ul style="list-style-type: none"> • Discuss the likelihood of genetic factors playing a role in the woman's cancer, and the risks to her family. If appropriate, refer to genetic counselling services • Discuss the impact of treatment on menopause, fertility, sexuality and body image prior to treatment; and correct inaccurate perceptions, acknowledging the limitations of data and informing women of new clinical trials • Discuss the impact of future pregnancies on prognosis and provide advice about contraception • Develop referral networks of fertility and menopause specialists and sex or relationship therapists that have a good understanding of oncology issues to refer your young patients to • Do not assume that the importance women place on fertility/menopause issues is directly related to their age or whether they have children at the time of diagnosis • Do not underestimate the emotional impact of premature menopause or loss of fertility • Breast conserving surgery is likely to result in fewer body image problems than mastectomy. Hence, this option should be offered to all women who are eligible • Women who are not eligible for breast conserving surgery or who choose to have a mastectomy should be counselled about potential changes in their body image and, where appropriate, offered reconstructive therapy • Women should be provided with detailed information about immediate and delayed breast reconstruction options before treatment commences so they have the opportunity to consider the procedure adequately and make informed decision • Chemotherapy options which reduce the risk of infertility and premature menopause should be presented, along with their associated risks • Offer information about the effectiveness of treatments for menopausal symptoms should they occur • Provide information about the possibility of weight gain associated with chemotherapy, and evidence of the benefit of exercise in reducing weight gain and improving body image • Explain that although it is contrary to the advice they are likely to be given by friends and family, exercise has been demonstrated to reduce fatigue associated with chemotherapy.
<p>3. Providing support:</p> <ul style="list-style-type: none"> • Younger women are at increased risk of developing psychological morbidity – be vigilant in asking about the woman's emotional responses and offer referral when necessary to specialist psychosocial services. Check



risk factors for example:

- previous diagnosis of anxiety
- depression
- having young children
- migrant status
- being single
- Familiarise yourself with the support groups available locally either face-to-face or by telephone and inform the woman about these.

4. Helping the family:

- Enquire about the support needs of the woman's family, as well as herself. Offer services for the woman's family as well as herself
- Young mothers living with breast cancer should be offered assistance about what, if and when to tell their children about their cancer
- Interventions which enhance children's understanding through age appropriate resources such as story telling, literature, and play materials are vital for this age group
- A key issue is providing information to parents about the range of emotional concerns often experienced by children in this age group
- Interventions with visual aids and other materials with child oriented language should be utilised to facilitate discussions between children and parents regarding the illness
- Use of family meetings and family therapy may be a worthwhile avenue to answer adolescents' concerns, and validate their contribution, and allow an opportunity for problem solving
- The provision of information is also crucial.

5. Issues for women from rural or remote areas, or of different cultural backgrounds:

- Younger women who are required to travel significant distances or to be away from home for extended periods of time may face difficulties such as:
 - caring for young children
 - organising household responsibilities
 - maintaining paid work
- Health professionals should explore the concerns of women living in rural and remote areas, including their ability to access assistance for travel and accommodation, which may have a direct impact on treatment decisions
- Younger women from different cultures may have different needs to those born in Australia. Use formal translation services when talking with women who do not speak English, and where possible, provide written information translated into their language
- Explore understanding of the cause and treatment of breast cancer and correct misconceptions
- Be sensitive to cultural expectations of treatment decision-making, and death and dying.

5. Consultation skills training:

- Health professionals involved in the management of younger women with breast cancer should attend communication skills training programs which cover general skills, and issues specific to communicating with younger women.

Source: National Breast Cancer Centre. *Addressing the needs of younger women with breast cancer – Evidence from the literature.* 2006 National Breast Cancer Centre, Camperdown, NSW.