Followup care for stable breast cancer patients is moving to primary care. Breast cancer survivors may continue to experience a broad range of physical and psychosocial healthcare needs following primary treatment. Although clinical practice guidelines on followup care of breast cancer survivors are available, it is unclear which guidelines primary healthcare nurse practitioners (PHCNPs) are currently implementing in practice. This study conducted a survey and interviews with PHCNPs to find out to what extent 21 key guideline recommendations for post-treatment breast cancer care were being implemented, and perceived barriers and facilitators to guideline implementation. PHCNPs reported routinely implementing an average 40.2% of the key guideline recommendations. Implementation rates were higher for prevention and surveillance recommendations such as mammography and weight management. Knowledge and practice gaps were highest for recommendations related to screening and management of long-term effects such as fatigue and distress. Results suggest there are knowledge and practice gaps related to implementation of the key guideline recommendations for breast cancer survivorship care in the primary care setting, which could be targeted through knowledge translation interventions.

**STUDY SUMMARY: Guideline implementation among nurse practitioners**


Followup care in practice. This study conducted a survey and interviews among nurse practitioners

**COMMENTARY:** The presentation by Luctkar-Flude highlighted findings from a 3-phase mixed methods study that explored the implementation of clinical practice guidelines for breast cancer survivors by primary healthcare professionals. Phase 1 began with a comprehensive review, quality appraisal (using AGREE II, the Appraisal of Guidelines, Research and Evaluation II instrument) and synthesis of published breast cancer survivorship guidelines that resulted in the creation of the Comprehensive Framework for Evidence-based Breast Cancer Survivorship Care. Nurse practitioners and physicians from oncology and/or primary care, as well breast cancer survivors, validated the framework through a modified Delphi process. In Phase 2 of the study, the Comprehensive Framework for Evidence-based Breast Cancer Survivorship Care was disseminated to primary care nurse practitioners and physicians, who were asked about their awareness and implementation of each guideline recommendation. These primary healthcare providers, who had spent an average of 18 years in primary practice, with approximately 15% of their caseload represented by breast cancer survivors, routinely implemented nearly half of the guidelines’ recommendations. Knowledge and practice gaps were similar between primary care physicians and nurse practitioners. Phase 3 of this research involved interviews with a subgroup of the primary health care providers who participated in Phase 2. The intent was to identify challenges and opportunities for implementing evidence-based survivorship guidelines. Thematic analysis is currently ongoing to identify strengths and challenges common to all primary care providers, as well as those unique to primary care nurse practitioners.

This presentation adds to our knowledge about the gaps in cancer survivorship guideline utilization among primary healthcare practitioners. The findings suggest that a subset of these providers is unaware of the guidelines, clearly demonstrating a continued need for their promotion to generalist practitioners. Since cancer survivors have unique needs, current evidence-based survivorship guidelines may be especially useful for primary healthcare clinicians who have been described as expert generalists. In this regard, primary healthcare clinicians are expected to provide care for a spectrum of health needs where they need to know “a little about a lot.” Utilization of current evidence-based survivorship guidelines is an opportunity to facilitate the infusion of best evidence of specialized care into generalist care. This may be especially necessary as the complex care of cancer survivorship is increasingly transferred from tertiary to primary care settings.

The Comprehensive Framework for Evidence-based Breast Cancer Survivorship Care resulting from this research has clinical utility to address this gap. The framework was established from a rigorous research method involving a systematic search of available guidelines that were evaluated using the AGREE II instrument. The AGREE II instrument is the gold standard to assess the methodologic rigour and transparency with which a guideline is developed and used. Furthermore, the researcher examined the framework with an expert panel of oncology and/or primary care nurse practitioners and physicians. Primary healthcare clinicians can use this tool with confidence to address the care needs of breast cancer survivors. Additional research is needed to explore the utility of this framework in other cancer survivors.

The Comprehensive Framework for Evidence-based Breast Cancer Survivorship Care consists of a one-page
checklist outlining breast cancer survivorship issues relevant to primary care for practitioners in busy primary healthcare clinics. The accompanying 3-page summary of key guideline recommendations provides extra information pertaining to the issues on the checklist.

The findings from this study are also useful to help oncology clinicians understand the information needs of primary care clinicians who care for cancer patients outside the hospital-based oncology clinic. Recommendations in the Pan-Canadian Guidance on Survivorship Services specifically state that primary healthcare providers should receive specific survivorship education.3 This presentation calls attention to the value of specialized clinical oncology knowledge and the importance of transferring this knowledge to generalist healthcare clinicians in order to improve the overall quality of care across the cancer trajectory.

References

IN BRIEF

Already known:
• Cancer survivorship care is increasingly being transferred from tertiary to primary care.
• Guidelines are useful to facilitate the transfer of evidence into clinical practice.

What this presentation showed:
• There is a need to promote evidence-based cancer survivorship guidelines in primary care.
• A novel survivorship care framework was established using rigorous methods and expert validation.

Next steps:
• Wider promotion of practice guidelines is needed to advance their utilization in primary health care.
• Research among survivors of other cancer should be undertaken.