**Activity 3: Invasive breast cancer (IBC) case study answers**

Question 1:

a) Effects on Zara’s physical health

* Chemotherapy can cause hair loss, nausea, changes in appetite and a weakened immune system, which would have increased her risk of infections.
* The wide local excision and lymph node removal may have led to pain, restricted arm movement and lymphoedema (swelling in the arm) in the affected side.
* Radiotherapy may have caused the treated area of skin to develop redness/dryness. Chemotherapy and radiotherapy can also cause fatigue.
* Tamoxifen could cause hot flushes, joint pain and weight gain.

b) Effects on Zara’s mental health

* Receiving a cancer diagnosis can be overwhelming, causing fear, stress and anxiety about the future.
* She already faced stress at work due to menopausal symptoms and workplace restructuring; treatment-related fatigue may have worsened this.
* The possibility of cancer recurrence could cause ongoing stress, leading to difficulty concentrating and emotional strain.
* Tamoxifen could cause mood changes.

c) Effects on Zara’s social life

* Due to treatment side effects and fatigue, Zara stopped working for nine months, which might have led to social isolation.
* Zara relied on her partner and sons for support, which could have strengthened family bonds but could also have caused emotional strain.
* Fatigue and surgery recovery might have limited her ability to walk her dogs or cook meals, affecting her sense of independence and enjoyment, though she would have been encouraged to continue to exercise and maintain her daily activities throughout her treatment.

Question 2:

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| **Professional** | **Point in pathway** | **Role and support** |
| GP | Early stage – referral to breast clinic | Initial examination and referral for suspected cancer (two-week wait) |
| Outcome 2: Recurrence and end-of-life care | Holistic end of life care along with palliative care team |
| Oncologist | Diagnosis | Diagnosed cancer using biopsy, ultrasound and mammogram |
| Treatment | Provided treatment (chemotherapy) |
| Outcome 1: Remission and monitoring | Hormone therapy |
| Outcome 2: Recurrence and end-of-life care | Order investigations to assess back pain  Chemotherapy and hormone therapy |
| Breast surgeon | Treatment | Performed wide local excision |
| Therapeutic radiographer | Treatment – after surgery | Delivered radiotherapy to prevent cancer recurrence |
| Nurses (oncology (clinical nurse specialist) and palliative care) | Throughout | Helped with the activities of daily living (ADLs); gave prescribed medication and dressed wounds; supported Zara and her family’s emotional and mental health |
| Pharmacist | Treatment | Prepared the chemotherapy |
| Physiotherapist | Post-surgery and rehabilitation | Helped with mobility and physical recovery after surgery and treatment |
| Psychologist/ counsellor | Throughout, especially during Outcome 2: Recurrence and end-of-life care | Provided emotional and mental health support to cope with diagnosis and end-of-life fears |
| Palliative care team | Outcome 2: Recurrence and end-of-life care | Managed pain, emotional well-being and practical end-of-life needs |