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

In your pairs, read the case study about Zara.

*Note: Two possible outcomes are given for Zara’s pathway. You should consider both.*

Together, discuss and decide answers to the following questions:

1. Throughout her **diagnosis and treatment**, comment on the effect on:

a) Zara’s physical health;

b) Zara’s mental health;

c) Zara’s social life.

2. Starting with your allocated professionals:

1. Identify the points in her pathway at which each professional might be involved.
2. Explain why they might be involved at that time, and how they might support Zara.

**Presentation**

Zara is a 52-year-old woman working as a business manager in marketing. She lives with her partner and two teenage boys. She loves dogs and has two rescue greyhounds that she walks in the mornings and evenings. Zara loves to cook from scratch. She spends most of her day looking forward to and planning dinner for her family. She finds it a great way to switch off from work, which has been quite stressful over the last 18 months. She says this stress is due to managing her menopausal symptoms as well as a restructure at work.

Zara noticed a firm, painless lump in her left breast during a self-examination two weeks ago. She promptly consulted her GP, who referred her to a breast clinic for investigation.

**Diagnosis**

Following a mammogram, ultrasound and biopsy, Zara was diagnosed with invasive ductal carcinoma. Further tests determined the cancer had spread to three lymph nodes, including the sentinel lymph node.

The cancer was determined to be hormone receptor-positive and HER2-negative.

**Treatment**

Zara's treatment plan involved:

* + - a wide local excision to remove the tumour;
    - chemotherapy due to positive lymph nodes;
    - radiotherapy to the breast and supraclavicular lymph node areas;
    - hormone therapy (tamoxifen) for five years.

**Outcome 1: Remission and monitoring**

Following the completion of her treatment, Zara responded well. She attended regular follow-up appointments, including mammograms of her breast and check-ups with her oncologist.

She developed a skin reaction during her radiotherapy treatment. She received advice on this from the team of therapeutic radiographers treating her, which involved how to look after her skin, for example washing instructions and what creams she could apply, and this side effect resolved about four weeks after the end of her radiotherapy treatment. Zara also experienced cancer-related fatigue and was advised to continue her daily activities as much as possible. However, her family wanted to be able to help her with her fatigue, so took on tasks around the house, and her partner learned how to cook from scratch.

She stopped work for nine months while she had her treatment and managed her symptoms, but she was able to complete a phased return to work after this. She managed the side effects of hormone therapy with support from her healthcare team.

Zara continued to walk her beloved dogs throughout her treatment as it helped her to manage her fatigue. Following her treatment, she focused on maintaining a healthy lifestyle, taking up some weight training and setting a goal to raise money for Macmillan by walking 100,000 steps in March. After five years of hormone therapy, she continued with yearly mammograms and regular check-ups. Zara remains in remission and lives a full active life.

**Outcome 2: Recurrence and end-of-life care**

Two years after completing her initial treatment, Zara began experiencing persistent back pain and fatigue. She went back to her GP, who ordered further investigations. A CT scan revealed metastatic breast cancer (also called secondary breast cancer) in her bones and liver.

After being referred back to oncology, Zara was told that treatment would no longer cure her but could be used to manage her symptoms and quality of life. Hormone therapy was continued with the addition of palliative chemotherapy. But then Zara's condition deteriorated, and a follow-up scan showed further spread of metastases to her lungs and brain.

The focus of her care shifted to palliative care, ensuring her comfort, dignity and time with her family. She had radiotherapy for relieving cancer-related bone pain in her spine, by shrinking tumours and reducing pressure on surrounding tissues. She was also prescribed radiotherapy to her brain to manage symptoms caused by the metastases (for example headaches and seizures).

She received end-of-life support from a palliative care team, including pain management, emotional support and practical assistance. With the support of her family and the palliative care team, Zara was able to spend her final days at home. Zara died peacefully at home, surrounded by her partner, sons and dogs three years after her cancer diagnosis.