Group for Women with Advanced Breast Cancer

Innovations and challenges in an Australian environment.

Mary O’Brien

Tom O’Brien

Background to Service

- Therapists approached to be part of multi site RCT, replication trial, Melbourne (David Kissane)
- Trial subsequently offered in Melbourne only, at multiple sites

Background

- Approached as experienced Group Psychotherapists
- All members of the Australian Association of Group Psychotherapists - an Australian professional accrediting body
- No previous experience of working with cancer patients

Background

- In 1999 began as a clinical service, as a weekly face to face supportive-expressive group, based in Brisbane, Queensland led by two Group Therapists (Bron Beacham, Mary O'Brien; since 2004 Mary O'Brien, Pia Hirsch)
- In 2001 introduced audio teleconferencing, combined with face to face delivery, to offer Group throughout Queensland

Background

- 2003 introduced monthly Group for Partners & Families, led by two other Group Therapists (Tom O'Brien, Alana Bolger)
- November 2004 2nd weekly Group for Women
- April 2005 establishment of Reference (Advisory) Group

The Australian Context

Incidence:

- Breast Cancer – leading cause of cancer death in women
- 11,500 women diagnosed each year
- 2600 deaths per year
- 1500 diagnosed or develop metastatic breast cancer each year

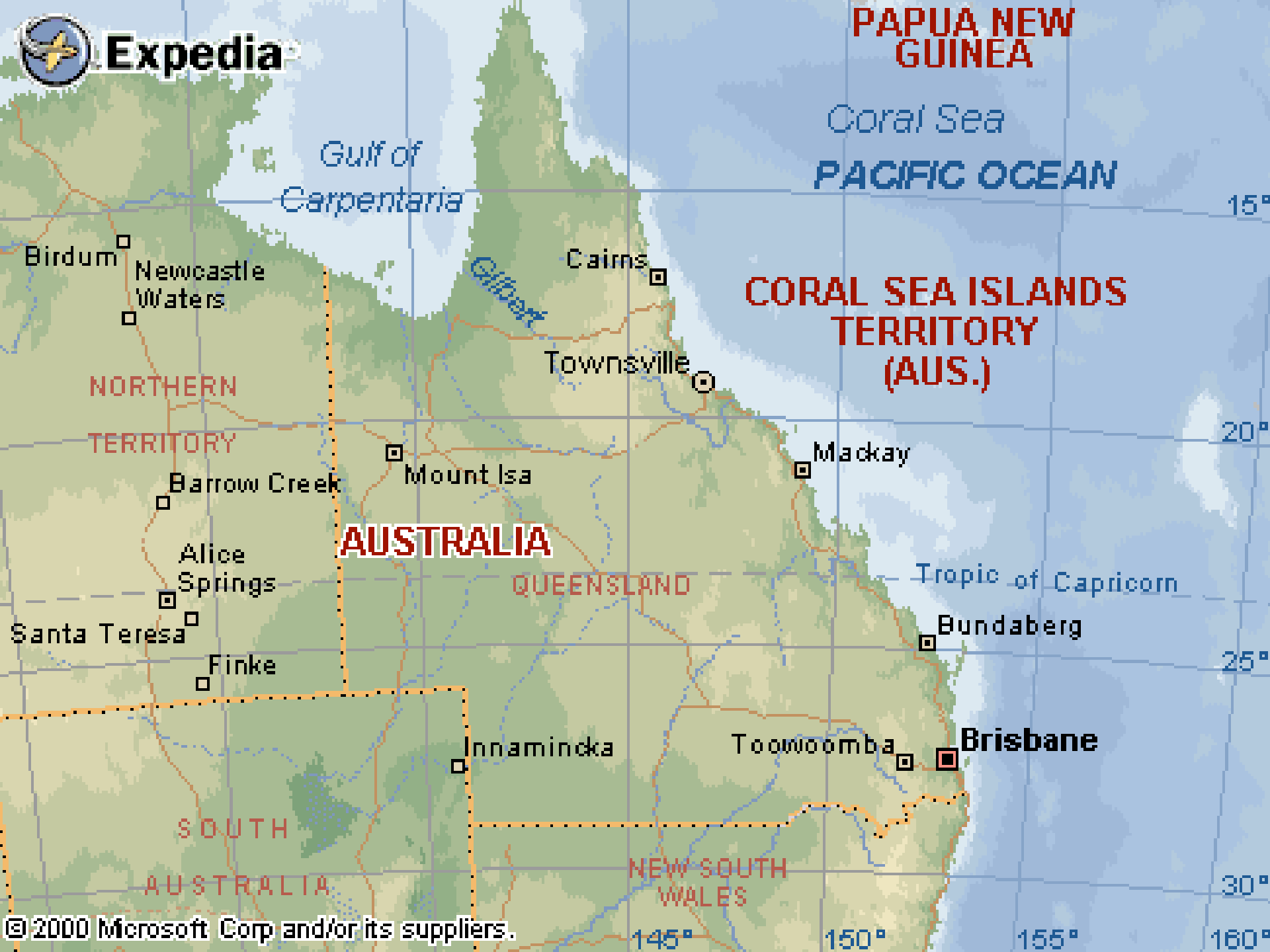
The Australian Context

Distribution:

- 30% of women aged 40 and over live in rural and remote areas of Australia
- 41% of women diagnosed with breast cancer in Queensland live in a rural area (rural defined as not ‘capital city’ or ‘metropolitan centre’)


Arafura Sea
Torres Strait
Port Moresby
Darwin
Gulf of Carpentaria
Coral Sea
12°
Indian Ocean
Katherine
Wyndham
Larrimah
Cooktown
Mitchell
Cairns
Derby
Broome
Northern
Halls Creek
Fitzroy
Tennant Creek
Georgetown
Townsville
Cloncurry
Port Hedland
Territory
Hughenden
Mackay
Alice Springs
Rockhampton
Ashburton
Western
Gladstone
Queensland
Minilya
24°
Shark Bay
Carnarvon
Kulgera
Charleville
Bundaberg
South
Australia
Cunnamulla
Brisbane
Coober Pedy
Australia
Geraldton
Gold Coast
Broken Hill
Darling
Moree
Southern Cross
Kalgoorlie
Port Augusta
New South Wales
Perth
Northam
Balladonia
Newcastle
Geography Bay
Great Australian Bight
Port Lincoln
Sydney
Adelaide
Murray
Canberra
Australian Capital Territory
36°
Indian Ocean
Portland
Melbourne
Discovery Bay
Victoria
Bass Strait
Launceston
Tasmania
Hobart
Tasman Sea
0
400 km
0
600 mi
132°
144°
156°
120°

Australia


Expedia
PAPUA NEW GUINEA
Coral Sea
PACIFIC OCEAN
Gulf of Carpentaria
Gilbert
Birdum
Newcastle Waters
Cairns
CORAL SEA ISLANDS TERRITORY (AUS.)
Townsville
NORTHERN TERRITORY
Mackay
Mount Isa
Barrow Creek
AUSTRALIA
Alice Springs
QUEENSLAND
Tropic of Capricorn
Santa Teresa
Bundaberg
Finke
Innamincka
Toowoomba
Brisbane
SOUTH AUSTRALIA
NEW SOUTH WALES
15°
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160°
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The Model

- Slow open group, largely unstructured
- Two Group Psychotherapists
- Supportive-expressive therapy
- One hour per week
- Face to face delivery combined with audio teleconferencing within the same group
- Only open to women with advanced (metastatic) breast cancer
- Encourage contact outside the group
- Monthly Group for Partners & Families led by two other Group Psychotherapists

Size and Composition of Groups

- Group 1: 15 members
  - 9 Brisbane; 6 rural/regional
  - 8 face to face; 7 telephone
  - 6 deaths in past 12 months
- Group 2: 9 members
  - 4 Brisbane; 5 rural/regional
  - 4 face to face; 5 telephone
  - one death since started

Clinicians not Researchers

- Clinicians with an interest in
  - research
  - applying evidence based practice
  - developing a clinical service that is viable, effective, acceptable, adapted to local needs and conditions

Evaluation to end 2004

- **Quantitative measures:** ongoing since July 2001
  - **3 self-report questionnaires**:
    - Affects Balance Scale
    - Impact of Events Scale
    - Profile of Mood States (not reported)
  - **Data collected at Baseline, 6 months & 12 months**
- **Qualitative measures:** 2002
  - **semi-structured interviews of participants after 6 months in group, conducted by independent researcher**
- **Evaluation of Partners Group:** 2004
  - Focus groups

Quantitative evaluation

- Inclusion Criteria
  - Diagnosis of Metastatic Breast Cancer
  - Reasonable expectation of being able to participate in Group for 12 months
  - Tested at baseline, 6 months and 12 months, and 6 month intervals thereafter
- Exclusion Criteria
  - Died within 6 months of completing 12 month test

Sample Demographics

- **Final sample N=18**
- **Mean Age = 52.11yrs** (*SD*=6.72; *R*=41-65yrs)
- **Median time since diagnosis of breast cancer: 66 months** (*M*=79; *R*=13-205mnths)
- **Median time since metastasis: 29 months** (*M* = 40.06; *R*=13-135mnths)
- **>80% married**
- **>90% 10 years or more of education**
- **Data from 5 participants excluded from final sample:**
  - **3 women died prior to completing 12 month test**
  - **2 women died within 6 months of completing 12 month test**

Affects Balance Scale: Positive Affect

Normative Data

- Vigor Baseline & 12 months =7th percentile

3 x 2 repeated measures ANOVA

- (Aff,Joy,Con) x (baseline,12 months)
- main effect for time $F(1,17)=5.65$, $p<.05$, $^2 = .25$

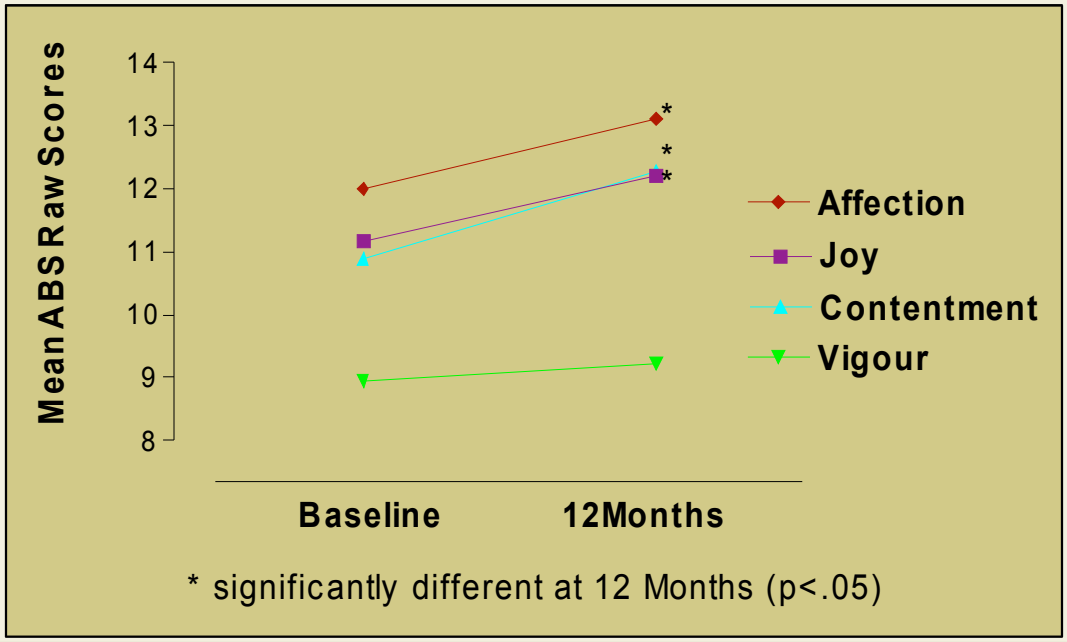

Figure 1. Mean raw scores for ABS positive dimensions of Affection, Joy, Contentment and Vigour at baseline and 12 Months.

Affects Balance Scale: Negative Affect

- **Normative Data**
  - Depression Baseline=86th percentile; 12 months=69th percentile
- **4 x 2 repeated measures ANOVA**
  - (Anx, Dep, Hos, Glt) x (baseline, 12 months)
  - Main effect for time $F(1,17)= 8.39$, $p=.01$, $^2=.33$

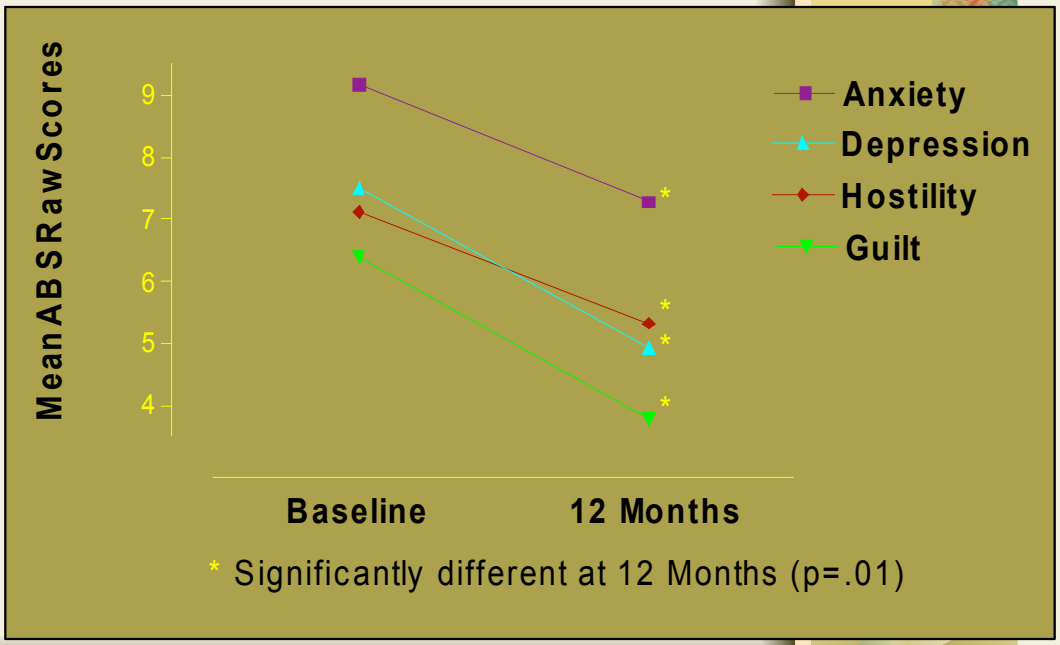

Figure 2. Mean raw scores for ABS negative dimensions of Anxiety, Depression, Guilt and Hostility at baseline and 12 Months.

Impact of Event Scale

- **2 x 2 repeated-measures ANOVA**
  - (Intrusion, Avoidance) x (baseline,12 months)
  - main effect for time $F(1,17)= 5.72$, $p=.05$, $n^2=.25$,
  - main effect for stress response, $F(1,17)= 7.34$, $p=.05$, $n^2=.30$

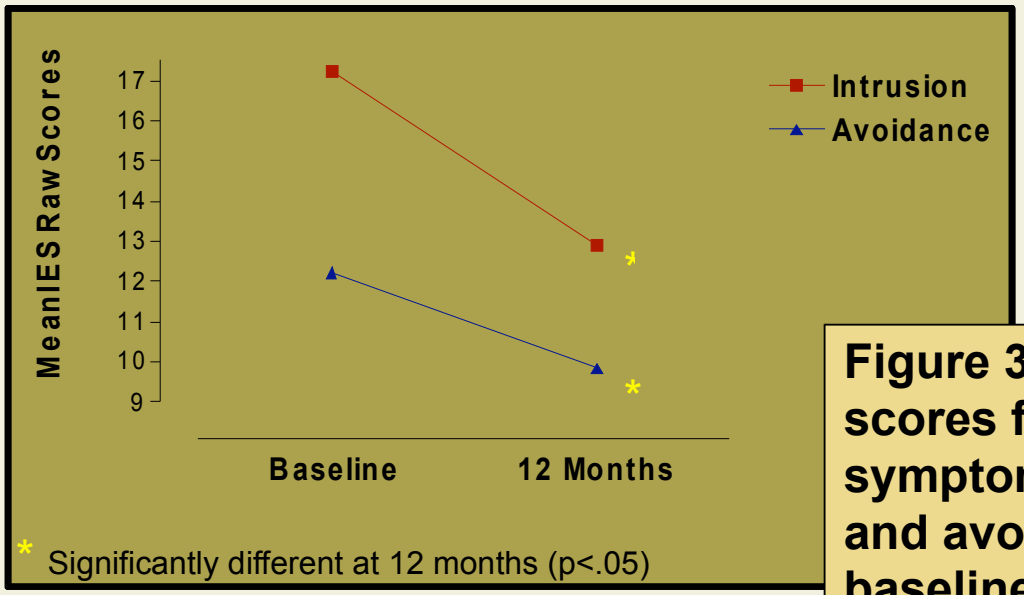

Figure 3. Mean raw scores for IES symptoms of intrusion and avoidance at baseline and 12 Months.

Conclusions (Quantitative findings)

- Limitations – no control; women self select into group; benefits could be attributed to other factors – anti depressant medication, receipt of other treatments eg individual, group
- Comparable baseline scores to published studies, demonstrating clinical sample, and supporting evidence of increased psychopathology in these women

Qualitative evaluation

Teleconference aspect

- works well
- telephone convenient and accessible
- telephone - next best thing to face to face
- a ‘life line’
- enables rural and sick women to access group

Qualitative evaluation

- Telephone delivery - comparable psychosocial benefits to face to face group:
  - Overcoming marginalisation and isolation
  - Social and emotional support
  - Normalisation
  - Relief of feeling ‘not the only one’
  - Sharing of information and experience
  - Empowerment to ask questions and make more informed decisions about treatment
  - Improved quality of life
  - Increased sense of control
  - Hope and inspiration gained from others

Qualitative evaluation

- Women feel able to talk openly about death and dying without fear of upsetting others
- Indirect benefits for partners and families through improved communication and social contact outside group
- Social benefits of extra group contact – friendship, increased social support

Evaluation of Partners/Families Group

- Two focus groups (Nov/Dec 2004)
  - face to face
  - teleconference
- Support for continuation of group
- Recommendation for use of internet forums/resources
- Advantage asynchronous over real time group?

Future developments

- Development of web site for service
- Development of moderated online forum – open? closed? ongoing?
- Virtual Group – professionally led, real time, web cams
- Introduction of new evaluation measures, consumer satisfaction surveys, treating doctors/referrers feedback forms