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Introduction

Breast cancer is a common illness in women; this not only puts their life at risk but also has effects on their image and may have repercussions in family life.

Women may face, for the first time in their lives, a complex and unknown situation that will affect them significantly. They must quickly learn about each detection and diagnosis. Therefore, the responsibility that each woman assumes over their body and health will determine the possibility of detecting breast cancer in a timely manner.

However, it is important to mention that many times this process may be extremely stressful for patients, it is sometimes not taken seriously because it is not a disease; therefore the update of this manual focuses on supporting the health professional (cancer coordinators for every micro network and nurses that work in the triage area of a hospital belonging to IREN-Norte) and ALINEN-Norte volunteering in order to articulate health services with navigation of cancer patients that arrive at IREN-Norte.

UNIT 1: Navigation Service

A navigation service for breast cancer patients looks to decrease the barriers in receiving treatment and assure that medical attention is provided in a timely manner. This is expressed throughout the assistance for users of medical services (patients, survivors, family members, and companions) to help them have easy access to the public health system, deliver an action plan, and overcome the barriers of receiving suitable and quality assistance.

Need of a navigation service

There are trained and competent people that work together with the regular staff (health professionals, social workers, etc.) to help cancer patients reduce and eliminate the inequality in health assistance for breast cancer.

Some breast cancer patients suffer inequalities in access and medical assistance within their own health system. Those inequalities are generally delays in processes that result in unfavorable impacts on the patient. This situation worsens with the inequalities of educational and social economical resources of certain populations:

- Lower educational level and low quality in education
- Deficit in communication of health topics
- Illiterate (Not knowing how to write or read)
- Low level of economic income
- Limited access to medical insurance
- Lower access to medical assistance caused by deficit of service or specialty
- Language barriers
- Lack of national identification document

These may lead to a lack in preventive assistance and late detection of breast cancer, which generates a delay in diagnosis, inappropriate treatment, and unfavorable results. Without a patient navigation service, obstacles that persist and may result in:

- Inaccessible formal health systems
- Loss of medical appointments, frequent postponements, or discontinuation of treatment
- Delay in the beginning of cancer treatment
- Seek of alternative treatments (shamanism)

This service is a way of approaching barriers (for example finance, transportation, language, education, culture, religion/race/age, medical assistance system, fear) to support the patient to begin, maintain, and finish their treatment.

Objectives of a navigation program

There are three main objectives:

- Decrease of barriers that get in the way of timely assistance to treatment of breast cancer.
- Contribute to the articulation and fluency of cancer medical assistance services.
- Contribute to the reinforcement of capacities in the health system and support services.

¹Without ID (National Document of Identity), generated even by errors in the birth certificate which may need to be corrected before requesting an ID at RENIEC (National Registry of Identification and Civil Status) in order to have access to the SIS (Integrated Health System) coverage.

Services that are provided

Navigators help patients feel sure that they will receive the necessary treatment and will not remain on the sidelines of the medical system. They help them by supporting patients with referrals, follow up, and monitoring during their treatment.

The service does not replace the medical assistance or planning and control of medical assistance for the patient.

Navigator profile

Although it is difficult to categorize navigator types based on the level of education, in the following lines we will give you an idea about this topic:

- **Community navigator:** A community promoter/agent with a high school degree; some may have a community navigator certification.
- **Volunteer Navigator:** A person from a supporting institution or institution that is related to the population and medical assistance services in its location. High school degree and above.
- **Health Navigator:** Certified health professional that has the responsibility of coordinating cancer issues, acting as the liaison of the patient with the health system.

Characteristics of a navigator

Navigators for breast cancer patients may have several roles and multiple responsibilities. Their role is to guide breast cancer patients within the medical assistance system to overcome barriers and guarantee the rendering of medical assistance services on time within the norm framework of the sector.

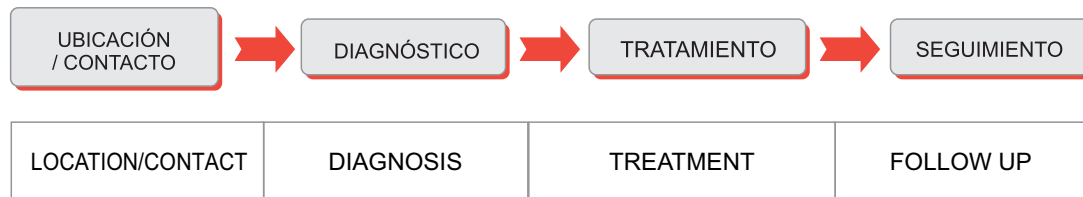
To do this, they must have certain professional skills and personal characteristics:

| Professional Skills | Personal Characteristics |
|--|---|
| Responsible | Understanding |
| Organizer | Sociable/friendly |
| Ingenious | Warm |
| Reliable | Trustworthy |
| Positive Attitude | Patient and motivating |
| Able to work in teams | Dedicated |
| Proactive | Assumes challenges and administrate risks |
| Understands and learns from the system | Objective |

Decision of a patient navigation system

There are several types of patient navigation services used to approach differences in the characteristics, needs and medical attention settings in the different population groups and resources available in an organization.

Patients receive a dynamic management in each moment of the process:



Assessment of the Need

Carry out an assessment of the health needs and inequalities in patients regarding cancer.

Consider the following data of the hospital or health center:

- Flow (daily, weekly, monthly, annually) of patients.
- Cancer cases in a year, based on age and location.
- The number of cases that did not have follow up and required medical assistance.
- The percentage of patients without insurance.
- The percentage of bilingual patients (quechua-speakers and others).

Training for Navigators

Independently from the education and experience of the navigator, it is necessary to acquire certain training. Patient navigators must organize and plan services with the cancer coordinator of the micro network in order to link administrative procedures; in other words, how appointments are made and how patients are notified of their medical assistance such as referrals for diagnosis tests, results of exams, medical appointments, payment options and questions regarding medication.

Development of internal services

Patient navigators will have to learn administrative procedures:

- How are appointments made?
- How do patients receive communication about their medical assistance?
- How do they receive referrals for diagnosis tests?
- How do they get the results of their exams?
- How are medical appointments arranged?
- What are the payment options?
- Who should we contact regarding questions about medication?

Development of support material for the patient navigation service

- For patients: directory of community resources (ANNEX 8 shows some resources - directory of resources)
- For the community: promotion material, for example a pamphlet that explains the benefits of the navigator role.
- For navigators: material and resources, acquired through training, that define their role and explain how to manage the health system and help communication with patients and their families.

Responsibility of a Navigation Service

A navigation service program for patients with breast cancer should have a system for gathering of information that reflects the quality and quantity of the services that are provided. Based on the hospital needs and resources available to control the navigation service for patients, the gathering of information must allow the hospital to identify the effects of the navigation service for breast cancer patients, provide diagnosis for the resolution of problems and guide the decision making related to medical assistance services and satisfaction of the patient in reference to medical assistance and navigation services for breast cancer patients.

UNIT 2: Empowerment

The empowerment of a patient in health services implies making the patient an active in her care with the capacity of knowing her rights and demanding access to services to improve her condition and having positive interactions with the system. A navigation program can identify the critical points and problems in a health system to set solutions. Empowerment brings tools to become an expert in conflict resolution. Empowered navigators may work in coordination with those responsible for cancer health centers to understand the flowchart of assistance in that center and support the patient in achieving successful treatment.

Empowerment concept

It is a more subjective and individualist concept, each patient has different and diverse needs, different starting points or causes, different realities and of course, different expectations. A navigation process has three components for examining: patient compliance, patient activation, and patient commitment, because the needs and levels of knowledge of each patient are unique and any step towards any one of these concepts may represent empowerment (the “committed” one is not considered more powerful than the one that “complies”).

Patient compliance

Patient's ability to follow advice or instructions given by the health professional. This includes managing appointments, getting prescribed medication, adherence to the treatment, and other medical professional advise that a physician, nurse, nutritionist, or psychologist might have given. The patient does what the health professional asks her to do.

Patient's activation

Patient's ability to take independent actions to improve health and self-care based on the understanding of her role in the self-care process and having knowledge, skills, and trust to achieve this. The activation is generally related to the medical and emotional situation that each patient faces.

Patient's commitment

In a wider sense, commitment includes all interventions destined to increase the “activations” of the patient, even taking patients to change their behavior models such as awareness in the preventive care culture, increase in physical activity, and avoid lifestyles that are harmful for health. Commitment also includes being in a position/disposition to help others facing similar situations.

Navigator's role in empowerment

Patient's navigation, as the empowerment and commitment, is a wide concept that covers a variety of potential activities and services. The patient's navigation is unique, it is exclusively focused on the experience of the patient in the system and its functioning in practice. As such, patient's navigators are an important element for a patient to feel empowered.

Many published research items have shown an important distinction between the patient's navigation, case managers, and patient advocates. A case manager generally refers to employees of the health system that are responsible for the coordination of the medical history of a patient and her needs within a specific health center. In most cases, their objectives are related to the capacity of the system to be efficient. On the other hand, patient advocates are worried about changing the ways in which the health system addresses different needs of the patient. The objectives of an advocate are related to the efficiency of the system.

In cancer, patient navigation has to do with helping the patient overcome obstacles, to have access to information, and methods of prevention, diagnosis, treatment, and survival.

Specific activities of a navigator depend on the social cultural and economic situations as well as the different needs of patients related to their environments.

On the other hand, navigation may provide support in circumstances in which sometimes there are not any options for the patient to leave her children, finance the cost of transportation to the hospital or specialized center, receive emotional support, or simply have access to the system if she is not in the group of beneficiaries. In this scenario, the lines between case managers, patient advocates, and navigators will not be differentiated easily.

This can be positive and negative. On one hand, navigators may have a profound sense of responsibility not only for their experience but also because they may help build capacity in the health system and other support services. This is a great responsibility. On the other hand, given that the needs can be quite large, having a small victory in the improvement of the system may represent a monumental step, going forward with the patient and her sense of empowerment.

Evidence of empowerment effectiveness

Navigation looks to empower patients. Navigators are especially important in the treatment or follow up of chronic illnesses specifically those in situations in which the systems are being modified.

There has recently been research published regarding the efficiency of navigation in several types of cancer, including breast cancer. Some studies have shown that navigation generated high rates of preventive check-ups while other studies have shown a better adhesion to the continuation of treatment. Other research has seen the effect of navigation where it reduced the time between cancer diagnosis and starting of treatment and many studies have looked at the impact of navigation in clinical studies.

Throughout the past 30 years, the concept of navigation has been disseminated in different countries, including those in Latin America, to improve access to medical assistance for population with low resources. Studies of these programs have shown that navigation may increase the use of screening, reduce anxiety and distress of patients, increase their satisfaction regarding health services, and reduce the delay in obtaining diagnosis and starting treatment.

In statistic terms, the effect of navigation has shown rates from 10% to 30% in improvement of access to diagnosis and starting of treatment. However, it is a difficult topic to study in random processes because it would be considered immoral to make a group of patients receive a large amount of education and navigation support while others do not receive any at all. It is also impossible to restrict a patient from receiving any class of educational or navigation information. Therefore, researchers believe the rate of improvement of 10-30% is an artificially low statistic and they generally agree that navigation may be very efficient.

The National Institute for Health in the United States (NIH) and the National Cancer Institute (NCI) in its Center for Reduction of Cancer Health Disparities (CRCHD) have a long term research program in navigation of cancer patients ("The Patient Navigation Research Program" or PNRP), started in 2001-2002. This is helping to provide evidence and answer current questions. In fact, a study published in 2012, on the PNRP webpage in Washington, DC, and that involved more than 2000 patients, showed a dramatic decrease in the definite diagnosis time and in consequence, the opportunity for a longer survival.

Good news is starting to appear. In 2008, for example, the PNRP financed 16 studies regarding the effect of patient navigators. According to the revision published in April 2013, the rate of improvement and satisfaction had increased to 52%. This is showing us that the work of navigators is efficient and necessary.

The idea of including a patient in the health system is not new. The problem is on how to do it. Until we have more information, it is concluded that the support provided to patients throughout navigators makes cancer a less painful and heavy experience. Navigators are very useful in identifying bottlenecks and alerting to find intelligent and innovative solutions in health service. The resolution of problems and conflicts contributes to an improvement in the system. An empowered patient will have success in any phase of the treatment, even if it does not have a favorable forecast.

UNIT 3: Effective Communication for Navigators

The skills of interpersonal communication are the base of a successful navigation service for patients. This applies to communication with the patient and with members of the navigation service (health professionals, receptionists, psychologists, social workers etc.). Breast cancer patients have special communication needs to make decisions about health assistance. Good communication helps patients, families, and physicians make these decisions together while improving the wellbeing and life quality of the patient. Through the accompaniment process, a navigator will have many opportunities to mediate communication between providers, patients and other relatives or companions. Patient navigation is a service that may improve the functioning in offices and assistance provided to patients.

Studies show that, when patients and health professional such as physicians, communicate well during cancer assistance, many positive results are obtained. Patients are normally:

- More satisfied with the attention they receive.
- More secure of themselves, it improves their self-esteem.
- More dispositions to meet with treatment.
- More informed.
- More willing to change their cancer treatment for palliative care.

Patient navigators with breast cancer patients must always be sincere, comprehensive, positive, organized, and ingenious. Patients recognize these characteristics easily which symbolizes the essence of a fulfilling relationship.

Methods to approach personal matters

An effective communication in patient navigation is a very important topic. It has much to do with listening to the concerns and fears of patients and knowing where they come from. Therefore, these matters can be discussed in a creative manner. This will help the patient understand and trust the navigator and help her build success in the navigation process. A navigator must look to create a positive and trustworthy environment. This implies avoiding negative comments, making judgments, and not discussing the registers/background of the patient outside of the guidance service. In addition, there are 4 skills that a navigator may develop to establish a positive and dynamic communication with patients: empathy, commitment, education, and cooperation.

Empathy

Empathy is the skill of understanding and sharing feelings of the other person. It is based on the idea that one has a similar experience to the one of other people. As human beings, we all have experiences in life, make them of joy or sadness, that give us the capacity of putting ourselves in the other person's shoes. Showing empathy helps us obtain a sincere and successful interaction with a patient, because this person will feel seen, heard, and accepted as a person. Can you think about an experience that gives empathy to a cancer patient? There are many ways of showing empathy, including the one of transmitting an experience of the navigator with the patient. Others would be:

- Interacting with honesty for the patient to feel assisted, heard and accepted.
- Understanding or being familiarized with social economic, cultural, emotional, and religious background of the patient.
- Being familiarized with the obstacles that patients face, for example it may be difficult for the patient's partner to leave work to come and accompany her.

Commitment

Commitment is the active participation of the navigator, patient, and the environment. We must create a connection that continues throughout the whole encounter and establishes a base to develop a consortium, in other words a long-term relationship of trust. Some methods to establish commitment are:

- Inviting the patient to tell the story of her illness to date, with her own words
- Communicating interest in the patient's experience, through verbal gestures ("tell me more about this") and non-verbal gestures (leaning forward and making eye contact).

Which are methods that may be used to create a commitment between the patient and navigator?

- Identify the obstacles that limit their attention and communicate successful experiences, what needs to be done to overcome them.
- Program and execute accompaniment to guide her access to the system, when necessary.

Education

Education is a complex process. In the relationship between patients and navigators, both parts have information. The navigator has information, for example, regarding breast cancer, health systems and medical and logistic matters. The patient comes with a perspective of the illness and its meaning. Therefore, education is not simply about giving information but requiring discovering what the patient knows and how the patient is thinking and feeling about any knowledge that she may have. It is through the education process that the navigator can determine what the patient knows to ask questions and clarify concerns. The following are some methods that provide education:

- Ask the patient to state what she understands from the illness and what she believes are to be the following steps to take:
 - o Do you present any discomfort or pain?
 - o In what area?
 - o Have you visited a physician?
 - o What have you been detected?
 - o Did they detect cancer, where?
 - o What have you been prescribed or stated to do?
 - o What do you know about cancer?
 - o Do you know of any case in your family/neighborhood?
 - o How are you going to treat this illness?
- Assume the patient has questions, even if these are not mentioned at the beginning. Some of them may be:
 - o Is this illness dangerous; is it curable or will I die soon?
 - o Where should I go to be cured?
 - o Who is going to take care of my children?
 - o Is it expensive to travel to another place? I do not have any money.
 - o What will I have done?
 - o Will it hurt?
 - o Who can help me?
 - o How is my life going to be after my breast is extracted?
 - o I am afraid to get surgery done. I'd rather wait.
 - o My family does not want me to get surgery.
 - o We believe, with prayers and fastening we will overcome this.
 - o I am afraid of losing all my hair.
 - o They say that chemotherapy is very strong and it sometime kills.
- Provide information to the patient and communicate her understanding to reduce the perceived uncertainty and anxiety.

Cooperation

Cooperation results in encouraging the patient to work together with the navigator on a plan to overcome barriers and difficulties. This implies two processes: decision making and compliance of a determined line of action. These processes improve the competence of the patient to carry out the necessary steps for taking care of her health. Some methods for creating cooperation are:

- Asking the patient to explain what are the things that make it difficult or impossible for her to go to appointments or treatment sessions.
- Mapping some areas and routes to have access to the system in her area or out of it, including questions of geographic matter, references of the location. Establish telephone support in case there is any doubt in the process.
- Creating a plan to overcome an identified barrier (for example a friend or neighbor that she completely trusts in order for them to take care of her children while at the hospital).
- If there are limitations in language, displacement, or guidance, we mention the possibility of accompanying her in order for her to learn the route and identify that there are people in the destinations that are willing to support her.

An objective is the compliance of tests and treatments recommended by a physician, but this may also be focused on the lines of action, for example looking for social support or defining a support group.

Techniques to guide conversations with patients

There are several techniques that can be used to make sure there is good communication with breast cancer patients and their families.

| |
|---|
| Listen and learn |
| If you do not listen to the patient or her family, you will not know what is happening through their minds. Listening means paying attention to what the person is saying and how she says it, even what she does not say. Limit your own conversation. |
| Recognize what is heard |
| Let the other person know that you are listening with attention to what she says. You can do this by nodding or even repeating the words you hear. |
| Reflection |
| Show the person your questions, feelings, and ideas. Ask her what she thinks about an idea or action plan. |
| Look for clarification |
| Try to make sure that you understand what the person is saying. You can repeat her idea or ask what she understands by that. |
| Exploration |
| Sometimes, someone mentions a topic to see if you are interested and wish to listen. Make questions such as: "Please, tell me more about that"; "What were you informed about cancer or chemotherapy?" Who informed you about what you are telling me?" |
| Recognition |
| See the person as an individual and show awareness of the changes that she makes. Give her security; make her feel that she can do it. |
| Give her a boost to continue |
| Open statements or questions may help a person speak about her concerns. An example may be: "What is happening?" |
| Give information |
| Participate in what the person is talking about with you. Offer information or share your feelings about what is being said. Consider the educational level of the person when offering written information. |

At the same time, there are types of conversations that must be avoided when speaking to patients:

Do not give inappropriate guarantees

The feelings of the person must not be minimized or altered. You should not say things such as: "Do not worry, everything will be fine" or "You should not think that about your partner". The person may feel as her feelings are not being validated.

Do not make her speak

There may be topics that the person does not wish to touch or questions she does not want to answer. Consider the comfort level the person has to discuss several matters.

Do not impose your expectations

People may have different reactions and perceptions to what is happening in their life. You must let the patient have different reactions and perceptions of what is happening in her life. The patient must be left to explore her feelings and develop her own understanding of the situation. For example, do not say something such as: "You must very sad due to the results of the analysis."

Do not argue

Do not insist with someone regarding what they should or should not do. Instead of this, you can provide information or alternatives as a way of solidarity.

Do not judge, criticize or blame

This puts the person in a defensive position and may close communication. You want to give the person the opportunity of examining her own feelings or behaviors. For example, not say: "You should not have missed your appointment." Instead, explore the reasons for which the person did not do so. Be careful and do not disagree with the health professionals or detail any medical term, diagnosis, prescription or clinical matter.

Improvement of participation of family members

Many times, the family and patient do not know what may happen during the illness. A health navigator may prepare them to know what to expect. For example, many times cancer treatment may be long and require continuous visits at the hospital. The navigator may help them to know this and together, they can develop the necessary preparations.

Communication that includes the patient and her family is called family centered communication. It helps the family understand their function in the care of the patient. By receiving specific instructions from the navigator, the family of the patient feels more trustful and they can take better care of her.

Change of roles

It is important to discuss a change of roles for family members during the treatment of the patient. Breast cancer changes the life of a woman and the people surrounding her. This means that the routines in her family life are going to change, which may have influence in different ways. When someone in your family has cancer, many of the relatives assume new functions and responsibilities. Some people sometimes have problems to adapt to these new functions.

Household arrangements

People with cancer sometimes must change their place of for some time. Many patients will have to travel a long distance to receive treatment. This may be very difficult if she feels she is losing her independence and role in her family, at least for some time. If a patient must be outside of her home for treatment, a good idea would be to take some of her personal belongings from the house. This way, she will have something familiar with her although she is at a strange place.

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Daily activities

A cancer patient requires help in tasks such as payment of bills, cooking or taking care of children. The family can discuss who can help with these activities.

Money

Cancer may reduce the amount of money a family can spend. If a woman cannot work, someone in the family may feel he or she needs to find an additional job. The family will have to learn more about health insurance to discover what is covered and what needs to be paid for. Most people find it stressing to manage money issues.

A health navigator can help a patient and family face common changes during the illness. Family is a tangible support source during recovery. You can educate the family regarding the importance of having an active participation to support the patient during recovery.

It is important for the patient to maintain good communication with her family and close friends. Her friends and relatives may provide an important support network during her treatment. Sharing that she has been diagnosed with cancer allows these people the opportunity to offer help with daily activities and provide emotional support. It is also important for a patient to maintain open communication with her partner. Breast cancer can affect her own image and make her lose the comfort she had in intimate relationship or in a relationship in general. It is useful for the patient to talk with her partner regarding her insecurities and feelings.

How to establish a communication flowchart

From the beginning we must consider the importance the family has in the decision-making process for lines of action, care, and treatment of women with breast cancer. On the other hand, the family may have a very important role in the support and empowerment of a patient within medical settings. The patient and members of her family may contact (together) the physician and health assistance team. A navigator may support the patient and her family in developing a communication plan or flowchart that reflects their preferences. This plan must define who and how to disseminate information of the patient and her illness, based on the patient's preferences.

Who

Ask the patient about people she would like to involve in the exchange of information regarding her health and medical decisions. Do not forget that the navigator has information about breast cancer and the health system. The navigation must be directed towards the patient, family, and other people that are important to the patient. When possible, all of them must be involved in discussions related to the decisions of the patient for them to have the same information. If the family is not included in these conversations, a patient may receive contradictory messages regarding what to do and this may be distressing for her. If possible, ask the family to define a weekly or biweekly moment for everyone to meet with the navigator.

How

There may be differences in the way patients and their families wish to participate in the decision-making process for cancer assistance. The patient may not want to make medical decisions on her own or the family may prefer to hear the news before the physician informs the patient. Others prefer to let the physician make the decisions. Some patients and their families wish to have detailed information about their assistance. The patient may want to have all conversations directly with the physician or she may want her family to be included in all the meetings discussing the results of her tests and decision for treatments. In addition, the need of information may change as the patient passes from the diagnosis to treatment. For example, some patients with an advanced illness wish to have less information. Speaking about this beforehand and returning to the topic during the navigation process helps the patient and her family clarify any doubts.

How to facilitate communication with health professionals

Some people may think that asking questions to a health professional is a sign of a lack of respect. The navigator may help patients and their families understand that asking questions can be a way of establishing a relationship with the physician. By knowing the patient and her concerns, the physician may understand the situation and later use this information to present better options for the patient.

How to prepare for a consultation

Cancer treatment may be very confusing, and many people have questions about this topic. The medical team may help the patient understand her illness. If something is not clear, it is important to

ask the health professional for clarification. The navigator has the role of helping the patient prepare herself for speaking with her physician and how to ask questions:

- Write a list of the health problems and questions before the visit.
- Ask a friend or relative to go with you to the visit as support.
- Make a list of the side effects that the patient has been experiencing.
- Take a list of the medication (or medication itself) that the patient is taking, including vitamins and nutritional supplements.
- Ask the physician about the possibility of taking specific products with natural treatments (noni, aloe, etc.) or herbs such as horsetail, anti-inflammatories.
- In relation to food, ask which are the most suitable recommendations and what needs to be avoided.

Questions to guide a conversation during the visit

To receive the best assistance possible, encourage the patient and her family to ask the following five questions at each visit:

- What is my main problem?
- What should I do while I am here?
- What do I need to do when I go home?
- Why is it important for me to do this?
- What is my role as companion during the treatment of my relative?

Ask twice if necessary

Even if the health professional seems worried, they want the patient to know what needs to be done. Many people are not going to understand the answers the first time and it is ok to ask the question again. The patient may say: "this is something fairly new for me, can you please explain that again to me again?"

See **Annex 1: Questions for Consultation**: these are adapted to specific clinical situations.

See **Annex 2: Communication Plan**: a pamphlet that the navigator may hand to the patient and her family to start the conversation of communication channels and support the patient in developing a communication plan based on her own preferences regarding the topic.

Patient confidentiality and security of information

Navigators for cancer patients must be familiarized with the current health system, patient's confidentiality, and security matters that affect the medical information of the patient.

- Although it is possible that the navigation service for breast cancer patients is not perceived as a research activity, navigators are familiar with all the standards and regulations that may affect the practices of privacy of the breast cancer patient.

UNIT 4: Understanding breast cancer

The capacity of sharing information with women diagnosed with breast cancer is one of the most important functions of a navigator. It has been seen that providing information to patients and their families is very beneficial and may have positive effects for them, including patients feeling in control and secure, reducing their anxiety, improving their satisfaction with the treatment, and creating realistic expectations to plan the future. In addition, a navigator with cancer knowledge has the capacity of explaining basic, but key points of clinical information that a patient receives.

A navigator can reduce uncertainty for women and their families when diagnosed with breast cancer. Therefore, it is important that navigators understand the biology of cancer and the process of the illness to help breast cancer patients. By doing this, navigators may share this basic information regarding the illness with the patient and their family.

Defining breast cancer

Breast cancer is a malignant tumor originated in breast cells. A malignant tumor is a group of cancer cells that can grow towards (and invade) surrounding tissue and spread (metastasis) to different areas of the body. This illness occurs almost completely in women; however, men can also have it. Cancer starts in the cells, which are the basic units that form the tissues and body organs,

Normal breast cells and cells from other parts of the body grow and divide to form new cells as the body requires them. When the normal cells age or are damaged, they die, and new cells replace them. An image that may be used to visualize this process is a tree with leaves that grow, age, and die; new leaves replace the old ones while the tree is still alive.

Sometimes this process gets out of control. New cells form when the body does not need them, and the old or damaged cells do not die when they should. These accumulations of cells, which are not necessary, frequently form a tissue mass called a lump, growth, or tumor.

Still, many tumors are not cancerous. In other words, breast cancer may be benign (not cancer) or malignant (cancer). including breasts.

Benign tumors

The characteristics of benign tumors include the following:

- They are generally not harmful.
- They rarely invade surrounding tissue.
- They do not spread to other parts of the body.
- They may be removed and generally do not grow back.

It is important to mention that many of these tumors, lumps or masses in the breast are not cancerous, they are benign. However, in some cases it is necessary to perform a biopsy (take samples and observe them with a microscope to confirm that it is not cancer).

Fibrosis and cysts are benign changes in the breast tissue that many women experience at some moment in their life. These are sometimes known as fibrocystic changes.

Fibrosis refers to the formation of tissue similar to a scar and the cysts are sacks full of liquid. These affections are diagnosed at a higher frequency by a physician based on the symptoms such as lumps, inflammation, and hyper-sensibility of the breast.

These symptoms tend to worsen right before the menstrual cycle of a woman. It is possible that these are felt in the breast and sometimes they may even be released by a transparent or slightly cloudy liquid from the nipples.

Fibro adenomas and intra-ductal papilloma are benign breast tumors. They are abnormal growths but are not cancerous and do not spread towards other organs. They are not an affection that represents a threat for life.

Malignant tumors

The characteristics of malignant tumors include the following:

- They may sometimes put life at risk.
- They may invade organs and surrounding tissue (such as the chest wall).
- They may spread to other parts of the body.
- In general, they may be removed but sometimes grow again.

Breast anatomy

Understanding breast anatomy may help the navigator understand the biological process of breast cancer and when a tumor or other symptom may indicate breast cancer.



Ganglios Linfáticos: Lymph nodes

Tejido Graso: Fat tissue

Lóbulos: Lobules

Fat tissue forms most part of the breast content. Internally, the breast has a large quantity of fat tissue which forms 90% of it, giving it the round shape a breast has. In addition, galactophore ducts and the breast gland integrate to the tissue; these are responsible for the production and secretion of breast milk.

Each breast has between 15 and 20 lobules which are separated by fat tissue. These lobules divide in lobes and these form small branches through which breast milk is formed. The milk produced is transported by ducts towards the area of the areola, where a small quantity of milk is deposited to be extracted by the suction of a child. When a woman breastfeeds a child, milk flows from the lobes through some thin tubes called ducts.

Lymph nodes are bean shaped structures that are found close to the breast, in the axilla (under the arm), over the collarbone and in the chest. Lymph nodes store white blood cells which help fight infections and illnesses. These nodes are important to determine the stage of cancer and the likelihood of cancer extending to other parts of the body.

Early detection

Detection tests and exams have the purpose of finding an illness, such as cancer, in people that do not have any symptoms. The objective of these exams is to detect breast cancer before it starts causing symptoms.

Breast cancer tumors that are found through palpation, tend to be larger and have more likelihood of extending from the breast. However, those that are found during detection exams are usually small and still confined in the breast.

The size and extension of breast cancer are important factors to establish the forecast of a woman that has this illness.

General recommendations for screening

Based on the 2017 Operational Definitions, the Clinical Breast Exam (CBE) must be performed on all women ages 40 to 65 by a trained health professional on an annual basis and every woman ages 50 to 65 must have a mammogram done every two years. Although it is important for a woman to know her own body, a self-exam is not enough control for breast cancer; this “silent” illness requires a woman to be examined by a health professional on a regular basis according to the recommendations mentioned above.

Breast cancer symptoms

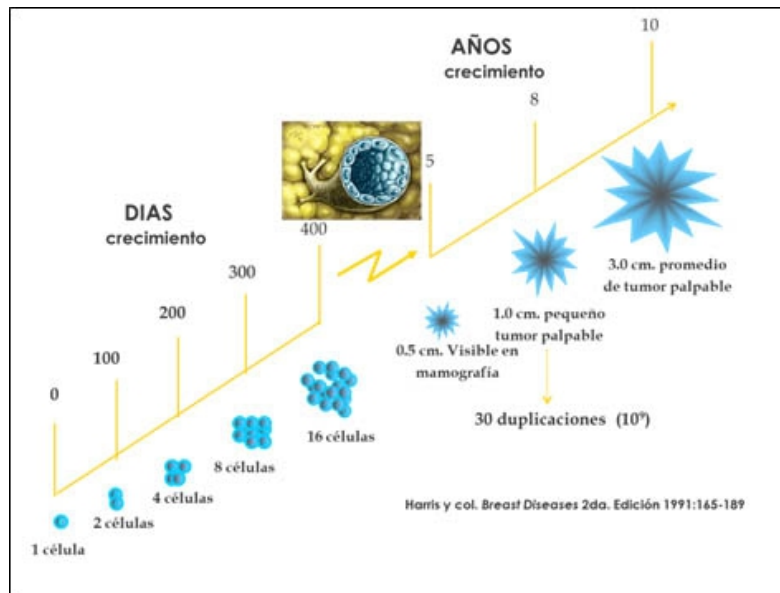
When the irregularity of the cellular cycle begins, which can result in breast cancer, a woman does not notice this change. In other words, at the beginning, breast cancer is not painful but “silent”. That is why there are controls done through the clinical breast exam and mammogram. However, there are certain warning signs and symptoms of the breast that may indicate that the cancer has grown. Although these signs may also be due to other illnesses that have nothing to do with cancer, they are warning signs that indicate that a woman needs to look for assistance and medical assessment.

1. Swelling, heat, darkening or redness of the breast.
2. Change in size and/or form of the breast.
3. Dimpling or wrinkles in the skin.
4. Itchiness, ulcers or scaly sore in the skin or rash in the nipple.
5. Sinking of the nipple or other parts of the breast.
6. Sudden secretion of the nipple (may be yellowish or purulent).
7. Recent and persistent pain in a part of the breast.
8. Appearance of a mass, hard ball, or thicker skin inside the breast.



Natural history

The natural history of breast cancer is an explanation of the natural course of the development of this illness and condition, especially in the absence of treatment. This image describes, in general, the natural history of breast cancer; it is a long history of many years although it starts with only one cell. Later on, we are going to see that we can find differences among individual cases of breast cancer.



The human body is composed of cells, which form all tissues and organs. Breast tissue is also formed by cells. As you have seen, cells have a normal process of growing, dividing, and dying. When this process turns irregular, it may be that a cell does not die and continues its division until a tumor or lump is formed. The cause of this irregularity is unknown. Many times, this results in a non-cancerous tumor. The tumor is benign and not malignant. A cyst is an example of a benign tumor. Many times, benign tumors stop growing.

However, these tumors can also be malignant or cancerous. In this case the tumor will not stop growing. That is why breast tumors should be studied to know if they are benign or malignant.

The danger of a malignant tumor is that cancer cells may spread when released from a breast tumor. They may travel through blood vessels or lymph nodes until reaching other parts of the body. After spreading, cancer cells may adhere to other tissue and grow to form new tumors that may cause damage to these tissues.

For example, cancerous cells may spread first to close lymph nodes. There are groups of lymph nodes close to the breast, under the arm (axilla), over the collarbone and in the chest behind the breastbone.

When cancer spread from its original location to another part of the body, the new tumor has the same class of abnormal cells and the same name than the primary tumor. For example, if breast cancer spreads to the lungs, cancerous cells in the lungs are cancerous breast cells. The illness is a metastatic breast cancer, not lung cancer. Therefore, it is treated as a breast cancer and not lung cancer.

In Peru, it has been seen that there is a typical presentation of breast cancer. The National Oncologic Technical Standard for Prevention, Detection and Early Diagnosis of Breast Cancer, 2008 describes a typical case:

“A typical case is a woman between 50 and 55 years old that has discovered a nodule or lump in one of her breasts, it is generally not painful and the size of an olive with a firm consistency, imprecise borders and it occasionally produces skin or nipple retraction. Usually, after 6 months the nodule is twice the size and after a year, there can be a node in the axilla which increases in volume and is sometimes painful and makes it difficult to move the arm.

At the same time, a primary tumor causes an edema in the skin and adheres to the thorax wall. Many months later, the breast suffers ulceration in the area

belonging to the tumor; the nodes of the axilla are prominent and are frequently perceived as signs of metastasis such as coughing, dyspnea due to complication in the respiratory system, pain in the bones specifically in the spine and any other location. During this advanced phase, supra-clavicular nodes are found on the same side of the primary tumor.

The natural history of this cancer shows that it is a long process to become invasive and consequently, programs organized for breast cancer detection may reduce the incidence and mortality of the illness in a country.”

Natural history described above, explains the process of the illness with absence of treatment. It also shows that when you can observe a sign of cancer, it is urgent to look for medical assistance. The longer the tumor is the body, the quicker it advances.

Risk factors

Where breast cancer comes from is still unknown. We know that cancer is a result of the uncontrolled growth of cells; however in the case of breast cancer, the reason why this happens is not known yet. This means that no one has been able to identify a cause for breast cancer. Medical studies suggest that there are some risk factors for breast cancer. A risk factor is a characteristic related to a higher risk of illness or infection however it is not the cause of an illness.

For example, being a woman is a risk factor for breast cancer. In other words, men can also have breast cancer, but it is not as common. In addition, while breast cancer is much more common in women than in men, not all women are going to have breast cancer. If being a woman were a cause of breast cancer, all women would suffer this illness.

Being a woman over 40 is a more important risk factor; in other words, more than 50% of people with breast cancer are women over 40.

Risk factors do not say it all. Having a risk factor or even more than one does not mean that you will have the illness. Most women that have one or more risk factor of breast cancer do not develop the illness, while many women with breast cancer do not have risk factors (except being a woman and aging). Even when a woman with risk factors develops breast cancer, it is difficult to know how much these factors have contributed to this.

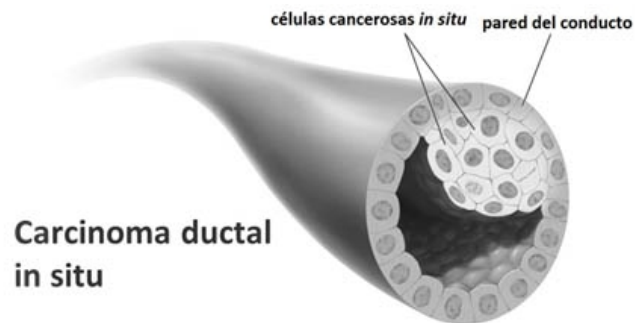
To know the most recognized breast cancer factors in order of importance, see Annex 4: Risk factors for breast cancer.

It is important for a navigator to understand the difference between a risk factor and a cause. A woman with breast cancer could have heard information regarding her illness, including misunderstood information or common myths. An example of this is the idea that touching or hitting your breasts is a cause of the illness. This is not true. However, the search for a concrete cause for breast cancer, by the ill woman, is a common and comprehensible reaction. Hearing wrong information or myths may make women believe that they are ill because of their own fault. It may be a thought that concerns them although they never mention it out loud. A navigator may alleviate this concern by answering questions or concerns.

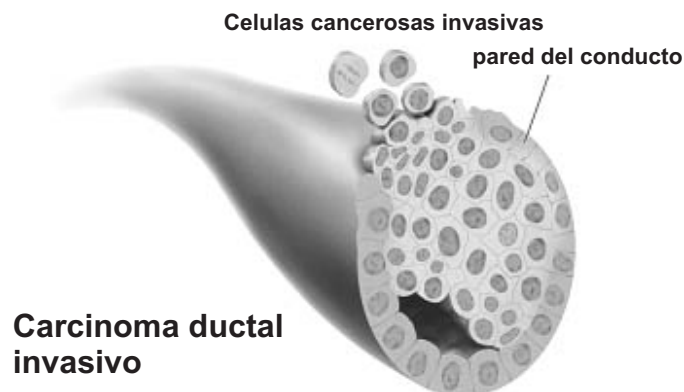
Several types of breast cancer

There are several types of breast cancer and this information can be found in the pathology report of the patient. Both characteristics of the cancer (type and stage) may affect the forecast of the patient. The forecast is the possible course and result of an illness, including the likelihood of recovery and survival. All cases are not treated the same. The natural history of breast cancer shows that breast cancer can be different in different development stages. It is important to understand the type and stage of breast cancer and the forecast of the illness, because these factors determine the treatments that a woman will receive and how she can respond to them.

First, we need to know the anatomic location where the cancer was originated at. Most cancers occur in milk ducts and are called ductal carcinoma; this is the most common type of cancer. The least common form occurs in the lobes where milk is produced, and it is called lobular carcinoma. Some women have a mix of ductal carcinoma and lobular carcinoma or they have a less common type of breast cancer.



Células cancerosas in situ: on site cancerous cells
 Pared del conducto: Duct wall
 Carcinoma ductal in situ: On sit ductal carcinoma



Don Bliss (Illustrator), National Cancer Institute
 Células cancerosas invasivas: invasive cancerous cells
 Pared del conducto: Duct Wall
 Carcinoma ductal invasivo: Invasive ductal carcinoma

Besides the anatomic location, breast cancers can be defined as a non-invasive or on-site carcinoma or an invasive carcinoma. The on-site carcinoma is an uncontrolled growth of cells that have not invaded surrounding tissue yet. For example, in the case of on-site ductal carcinoma, this growth occurs within the breast ducts. “On site” means “in the place of origin”. This type of cancer is non-invasive because it has not reached the breast tissue outside of the ducts.

On-site carcinoma is the first stage in which cancer can be diagnosed. It is known as the “0” stage of breast cancer. The forecast for women diagnosed with this type of breast cancer is excellent. Most women with diagnosis of on-site carcinoma are cured. Although it is not invasive, it is very important that women with this diagnosis receive medical treatment, an on-site cancer results in invasive cancer on a long term.

Invasive carcinoma is a cancer that spreads outside of the lobes and duct to the surrounding breast tissue. The cancer can spread to the lymph nodes of the axilla and further on. The invasive ductal carcinoma, sometimes called infiltrating ductal carcinoma, is the most common type of breast cancer. Around 80% of all cancers are invasive ductal carcinomas.

In addition, the development of breast cancer can be understood according to the specific moments in natural history of the illness.

- **Primary breast cancer:** it has this name because this illness is originated in the breast. Without any intervention, primary cancer cells may invade the blood or lymph current and migrate to other parts of the body where they will start new tumors.
- **Secondary or metastatic breast cancer:** it is the one that grows in another organ because of the migration of primary cancer cells. Sometimes a person with breast cancer is treated and she feels better but several years later, the illness returns.
- When a breast cancer appears again, it is called recurrent breast cancer. A recurrent breast cancer may appear in the same location, such as primary breast cancer, which is known as local recurrence; it may also appear in the surrounding tissue of the primary site, which is called regional recurrence; or it may appear in other organs, which is called recurrence at distance.

It is important for women to know that there are different types and stages of this illness. A common question that women have about this is how it should be treated. It is also common for people with breast cancer to speak with each other about their treatments. Different types and stages of cancer should be treated differently; this is the reason why there are different treatments. When a navigator understands the forms in which breast cancer is categorized, he/she can help a patient and their family and understand the basic information of the pathology report.

Stages of breast cancer

The stage of breast cancer describes in detail if there is still cancer in its place of origin or if it has extended to other tissues of the breast or other parts of the body.

The stage is based on four factors:

- The size of the tumor
- Whether the cancer is invasive or non-invasive
- If the cancer has reached the lymph nodes.
- If the cancer has spread to other parts of the body outside of the breast.

Local cancer is restricted to the breast. In the case of a **regional** breast cancer, lymph nodes have been affected, especially in those located in the axilla. Distant breast cancer is a breast cancer that is also found in other organs or parts of the body.

Physicians describe stages of breast cancer through the use of roman numbers 0, I, II, III and IV as well as letters A, B and C. A stage I cancer is a breast cancer in an initial stage and a stage IV cancer is an advanced breast cancer that has spread to other parts of the body such as the liver. Stages, in general, are not known until after a surgery is done to remove the tumor in the breast and one or more lymph nodes under the arm (axilla). The most important thing is to remember that breast cancer diagnosis depends on the stages of the illness and it may be classified as a **timely diagnosis** from stages 0 to IIA, or a **late diagnosis** from stages IIB to IV. A timely diagnosis offers more possibilities of treatment, with the anticipation of a good forecast. Therefore we must look for treatment of breast cancer as soon as possible.

To understand the stages of cancer in a more detailed manner, see **Annex 3: Stages of breast cancer**.

Diagnosis methods

The tests and procedures to diagnose breast cancer include:

Clinical breast exam: A health professional will examine both breasts, looking for a lump or other abnormalities.

Mammogram: A mammogram is an x-ray of the breast. Mammograms are commonly used for the detection of breast cancer. If an anomaly is detected in the screening mammogram, the physician may recommend a diagnosis mammogram to evaluate this abnormality in a more detailed manner.

Ultrasound: The ultrasound uses sound waves to produce images of structures inside the body. This may help distinguish between a solid mass and a cyst full of liquid.

Biopsy: There are several types of biopsies. In general, a biopsy is the extraction of a sample of breast cells. Biopsies are sent to a lab for their analysis where experts determine if the cells are cancerous. A biopsy sample is also analyzed to determine the characteristics of cancer that may influence in the options for treatment.

Treatment methods

The most common treatment methods for breast cancer are surgery, radiotherapy or radiation therapy, chemotherapy and hormonal therapy.

Surgery

The most common treatment for breast cancer. There are several types of surgery.

- **Partial extirpation of the breast:**

A conservative surgery of the breast is an operation for the extirpation of cancer and some normal tissue around it. It is also called preserving surgery of the breast.

Generally, women receive radiotherapy after a conservative surgery of the breast to destroy cancerous cells that may have stayed in the breast. In the case of some women, the surgeon will remove the lymph nodes under the axilla and some coating over the breast muscles, under the tumor. The surgeon generally removes one or more lymph node to see if there are any cancerous cells there. If there are cancerous cells in the lymph nodes, it will be necessary to administrate other treatments for cancer.

- **Total extirpation of the breast:**

The surgery for extirpation of the whole breast (or as breast tissue as possible) is called a mastectomy. The total (or simple) mastectomy removes the whole breast but does not remove the lymph nodes of the axilla. In the modified radical mastectomy, the surgeon removes the whole breast and most lymph nodes of the axilla or all of them. The coating over the breast muscle is frequently removed. It is also possible to have a small muscle from the chest removed to facilitate the removal of lymph nodes.

Choosing between conservative surgery and a mastectomy depends on many factors, including the size, location or stage of the tumor, the size of the breast and certain characteristics of the cancer.

Radiation therapy

Radiation therapy uses high energy rays to eliminate cancerous cells. It only affects the cells in the part of the body that is being treated. Radiotherapy can be used after surgery to destroy cancerous cells that may have stayed around the chest. Women generally receive radiotherapy after a conservative breast surgery; however, it is also sometimes used after a mastectomy.

Chemotherapy

Chemotherapy is the use of medication to destroy cancerous cells. It can be administrated to women with stage I, II, III or IV cancer. It can be administrated before or after the surgery. Medication to treat breast cancer is generally administrated through a vein, an injection with a thin needle, capsule, or pill. It is possible to receive a combination of medication.

Hormonal therapy

Hormonal therapy may also be named anti hormonal treatment. If the laboratory analyses indicate that breast cancer cells have hormonal receptors, hormonal therapy is an option. Hormonal therapy avoids cancerous cells to obtain natural hormones (estrogen and progesterone) that they need to grow. Hormonal therapy is a more recent treatment, and it is not available everywhere.

UNIT 5: Insurance for people with low resources

This unit is to present information about SIS and FISSAL, active in Peru (2017).

The Integrated Health System (SIS) as a Decentralized Public Entity (OPD) depends of the Ministry of Health and it has the objective of protecting the health of people that do not have insurance, especially vulnerable population that is in poverty and extreme poverty.

EVOLUCIÓN DE LOS PLANES DE COBERTURA - SIS

| | | |
|------|--|---|
| 2002 | D.S. N° 003-2002-SA Prestaciones del SIS | Planes A, B y C No incluye en plan (Exclusiones) Secuelas de Enf. infecc., Neoplasias, Parálisis, ACV, IRC, agresiones, otros. |
| 2006 | D.S. N° 006-2006-SA Ampliación de prestaciones del SIS | Planes A, B, C, D y E. Exclusiones diferenciadas por planes, para A, B, C y E2: Secuelas, Parálisis, agresiones, trasplantes, otros. |
| 2007 | D.S. N° 004-2007-SA Listado Priorizado de Intervenciones Sanitarias (LPIS) | Componentes Subsidiado y Semisubsidiado Exclusiones: Secuelas, Parálisis, agresiones, trasplantes, otros. |
| 2008 | R.M. N° 227-2008/MINSA Ampliación del LPIS | - Se modifica y amplía LPIS (Trasplante de Riñón). - Se reduce exclusiones (Secuela de quemaduras y envenenamiento, implantes) |
| 2009 | D.S. N° 016-2009-SA Plan Esencial de Aseguramiento en Salud (PEAS) | - Plan que se aplica en ámbito AUS. - Basado en condiciones. - Plan mínimo a ser otorgado. - Planes Complementarios. |

In order to have access to services directed by vulnerable people, the patient must be registered in SIS.

FISSAL

The Humanitarian Intangible Health Fund (FISSAL) is the Executing Unit of the Integrated Health System (SIS) that is in charge of financing all the stages of the most frequent oncologic illnesses in the population, rare or orphan illnesses and insufficient chronic renal (IRCT) disease. These illnesses are in the List of Illnesses of High Attention Cost approved in the RM N° 325-2012/MINSA by the Ministry of Health.

Coverage

The coverage of FISSAL is automatic from the moment in which the person affiliated to SIS is diagnosed with any of the pathologies in the List of High Attention Cost or List of Rare or Orphan Illnesses as what is shown in the following charts:

List of Illnesses of High Assistance Cost (LEAC)

| CIE 10 | Pathology Group | The confirmed and definite diagnoses are financed. Presumptive diagnosis are financed by SIS |
|--------|---------------------------------------|---|
| C | Cervical cancer | |
| C | Breast cancer 1 | |
| C | Colon cancer 1 | |
| C | Stomach cancer | |
| C | Prostate cancer | |
| C | Leukemias (C91.0 a C95.9 and C90.1) 2 | |
| C | Lymphoma (C81.0 a C85.9 and C96.3) | |
| N | Chronic Renal Insufficiency (N18) | |

1. Treatments will be held based on the current Clinical Practice Guides
2. Include treatment for Bone Marrow Transplant

List of Rare Illnesses or Orphan Illnesses (LERH) Group 1

| CIE 10 | Pathology Group | The confirmed and definite diagnoses are financed. Presumptive diagnosis are financed by SIS |
|--------|---------------------------|---|
| D68.0 | Cvon Willebrand Illness | |
| D68.2 | X factor deficit | |
| E25.9 | Adrenogenital Syndrome | |
| E70.0 | Fenilcetonuria | |
| E03.1 | Kocher Syndrome | |
| E07.1 | Pendred Syndrome | |
| E27.1 | Congenital Hipoadrenalism | |
| D68.2 | Factor XII deficiency | |

Right to Health Services

In the case of services that IREN Norte is not currently providing, it is necessary for the insurance office at IREN Norte to make the necessary arrangements given that this service is provided by a third party (private entity) and we cannot approach them, directly without any previous coordination.

In reference to the case of a patient with a cancer diagnosis, the SIS does not affiliate for illness but for specific requirements mentioned above. If the person with a breast cancer diagnosis is not affiliated but is assessed in the closest health center to her jurisdiction and qualifies for free SIS, she will be immediately registered and the coverage is immediate and total.

Health Systems

By understanding the Peruvian health system, insurance plans and how to have access to them, the Esperanza Plan, SIS and identifying the bottlenecks of having access to health services, a navigator will have the ability to find solutions, identify routes and strategies that make it easier to assist and support a breast cancer patient.

Segmentation

The Peruvian health system is segmented and it is formed by the following institutions or sub sectors:

- The Ministry of Health (MINSA) which includes the Integrated Health System (SIS) as a public health insurance with administrative autonomy;
- The Health Social Security – EsSalud, appointed to the Ministry of Health;
- The Armed Forces - FFAA (Marine, Aviation and Army), appointed to the Ministry of Defense;
- Healthcare of the Peruvian National Police (PNP), appointed to the Ministry of the Interior; and
- The institutions of the private sector: health providing entities (EPS), private insurance companies, clinics and civil society organizations (OSC).
-

Levels of assistance

- First level of assistance: Entrance of the population to the health system, it mainly develops activities of health promotion, risk prevention and control of health hazards, early diagnosis and timely treatment.

-
- Second level of assistance: This level complements the Integrated Assistance initiated in the previous level, adding a grade of higher specialization in human and technologic resources.
 - Third level of assistance: It is the level with greatest specialization and resolution capacity in reference to human and technological resources that are referred to in previous levels.

Universality

Peru has chosen a universal insurance system, with coverage through a basic package of services (PEAS- Essential Plan of Health Insurance) that are provided on a mandatory basis to the population through an articulated health care system. The health coverage of the population in the universal insurance framework is based on three regimes:

- **Contributive:** For population that has the capacity of obtaining an insurance, private or public (EsSalud, FFAA, etc.), protected by the current legislation in relation to the work situation.
- **Semi-Subsidized:** For population with a limited capacity of payment. This regime does not require the focalization of households.
- **Subsidized:** For poor and extremely poor population, this is delivered through the SIS on a free basis and its registration depends of the Focalization System for Households. (SISFOH).

Universal insurance is given through the Essential Plan of Health Insurance (PEAS) and the Intangible Health Fund (FISSAL). The PEAS covers 65% of the illness burden of the country and 80% of the demand of assistance of the first level of assistance.

Cancer in PEAS: It is a medical-hospital benefit plan offered by all public and private insurance companies. PEAS emphasizes on prevention and health promotion services. For oncological illnesses, PEAS covers the diagnosis of cervical, breast, colon, stomach and prostate cancer, which according to the International Agency for Research in Cancer of the WHO (World Health Organization) located in France (IARC), are the most common cancers in Peru, together with lung cancer. PEAS considers the following neoplastic conditions:

- Feminine genital tumors
- Cervical cancer / cervical dysplasia
- Breast cancer
- Prostate hyper-trophy
- Colon cancer
- Stomach cancer
- Prostate cancer

However, from the seven neoplastic conditions considered in PEAS, only expenses associated to diagnosis, clinical direction and course of assistance of cervical cancer, uterine and prostate fibroid are completely covered. The cost of the remaining four tumors (colon, stomach, prostate and breast cancer) are only covered in the diagnosis stage. In one or the other case, PEAS covers prevention and promotion, therefore the possibilities of putting a profitable strategy in place in the basic package of the medical insurance are wasted.

- From those cancers that are not covered by PEAS, The Universal Insurance in Health law established that high cost treatments not included in PEAS will be financed by the Intangible Health Fund (FISSAL) for population insured in the semi-subsidized and subsidized regime.

Esperanza Plan

- The Esperanza Plan is an initiative of the Peruvian State to improve the integrated assistance of cancer and access to oncological services in Peru in a progressive way based on technical development and availability of resources.

It covers services of promotion, prevention, early detection, definite diagnosis, staging, treatment and palliative care (improvement of life quality) on a national level in a progressive way based on the availability of resources, starting with the most poor affiliated to the free SIS.

| Etapa | Año 1 |
|------------------------------------|--|
| Promoción y prevención | Consejería individual y familiar. Fomento de estilos de vida saludable |
| Detección temprana | Tamizajes: PAP (cuello uterino), mamografía (mama), Thevenon en heces (colon). Detección temprana: Tacto rectal (próstata, colon y recto) |
| Diagnóstico definitivo y estadiaje | Cuello uterino, mama, próstata, estómago, color-recto-ano, pulmón, piel no melanoma, hígado , leucemias y linfomas. |
| Tratamiento y cuidados paliativos | Cuello uterino, mama, próstata, estómago, color-recto, leucemias y linfomas. |

| Stage | Year 1 |
|--------------------------------|--|
| Promotion and Prevention | Individual and family counseling. Promotion of healthy lifestyles |
| Early Detection | Screenings: PAP (cervical), mammogram (breast), Thevenon on feces (colon) Early Detection: Rectum at Touch (prostate, colon and rectum) |
| Definite diagnosis and staging | Cervical, breast, prostate, stomach, colon, rectum, anal, lung, non-melanoma skin, liver , leukemia and lymphoma. |
| Treatment and palliative care | Cervical, breast, prostate, stomach, colon, rectum, anal, leukemia and lymphomas |

SIS and FISSAL together with the favorable opinion of the Ministry of Health, are who define the insurable and financeable resources based on a risk assessment.

Access to the Esperanza Plan

In order to obtain SIS services in the Esperanza Plan, you would need the following conditions:

- Be affiliated to a free SIS.
- With your ID, go to the nearest health center.
- Request a consultation in general medicine for a complete assessment.
- The physician will state if any tests are needed.

For more information, see Annex 5: List of Insurable Conditions in PEAS. This document may be used to inform patients regarding their rights under this plan.

UNIT 6: Flowchart of assistance, IREN-Norte

The purpose of this unit is to help the navigator have a detailed knowledge of the internal institutional processes and requirements of IREN Norte in the guidance of breast cancer patients. With this knowledge the navigator may follow the most efficient lines of action. If these are followed, the patient is able to receive her medical assistance as soon as possible. These lines of action are based on the experience obtained on site; and may be differentiated from the lines set by other institutions. This process can be divided into three parts: preparation before arrival at the hospital, admission process and follow-up on patients. This flowchart of assistance is used for people with breast cancer under the free SIS.

A summary of the content of this unit may be found in **Annex6: Getting prepared to visit IREN-Norte** and **Annex 7: Admission process at IREN-Norte**, which the navigator may use to inform the users of the health system at IREN Norte.

Preparation before arriving at the hospital

The following steps detail management for a patient with a breast cancer diagnosis or suspicion, under the free SIS in the region of La Libertad.

Step 1: Visit the Health Network for Assessment and Referral

The patient must visit the Health Network of the province or district where she is affiliated with SIS at, in other words, the nearest health facility which may be:

- Health post
- Health center
- Referral hospital

The patient must get a clinical assessment, at the level of a health facility and suitable referral, if necessary:

- If the result is an abnormal CBE: Request a referral for a hospital of the Ministry of Health: Vista Alegre District Hospital, El Esfuerzo District Hospital and La Noria High Complexity Hospital, for the assessment made by trained physicians **
- If the result is **confirmed diagnosis of breast cancer**: Request a referral to the Instituto Regional de Enfermedades Neoplásicas del Norte (IREN-Norte North Regional Institute of Neoplastic Diseases).

*Note: If the patient does not have an ID, she must approach the RENIEC (National Registry of Identification and Civil Status) office. If the patient is not affiliated to SIS and is in the target population of SIS, the affiliation must be done in order for her to receive the treatment she has the right to receive. This can be done at a health facility near your home.

**The Vista Alegre District Hospital has trained staff for the assessment of breast health and performance of FNAs which are covered by SIS, therefore the patient must go with the referral from the health center of origin. In the future they will also provide assistance in FNA to the El Esfuerzo District Hospital and La Noria Basic Specialties Hospital. In order to be assisted at IREN-Norte through SIS, the patient needs to have a referral for IREN-Norte and enclose a copy of the FNA results or other exams.

Step 2: Affiliation to free SIS

Without the confirmation of affiliation to SIS (free, NRUS or independent) the breast cancer patient does not have the right to receive assistance covered by the free SIS. The same will happen if she has another insurance.

Before visiting a complex hospital, it must be confirmed that the patient has free SIS. The health centers that have access to internet may carry out filters in SISFOH and ESSALUD.

The municipalities of each district handle a SISFOH database and must confirm the currency of the affiliation.

Step 3: Requirements to receive medical assistance

Make sure the patient has the 4 requirements to be assisted for breast cancer at IREN-Norte:

1. Referral sheet IREN-Norte (approved by the person responsible for the referral or insurance unit) in original and photocopy version.
2. Confirmed diagnosis* of breast cancer, with pathology results (biopsy), imaging studies: ultrasounds, mammograms, and other results the patient may have (photocopy).
3. Current ID of the patient (original).
4. ID of the partner or spouse (to verify the person is not affiliated to EsSalud).

*Note: IREN-Norte only assists people with a confirmed diagnosis or suspicious of cancer. If a patient arrives without a diagnosis, she will be referred to a health center for diagnosis which means a higher investment of time for the patient.

Step 4: Assistance in IREN-Norte

Having knowledge of the internal processes of IREN-Norte may facilitate an efficient process with the hospital.

IREN-Norte is open 24 hours a day and assists triage from 7:30am to 10:00am by order of arrival. The days for breast consultation are Mondays, Wednesdays and Fridays. Breast surgery days are Tuesdays, Thursdays and Saturdays. There are a limited number of daily consultations which means it is not likely to have a patient get an appointment the day she starts her paperwork.

To facilitate an initial paperwork process at IREN Norte, you should consider the following:

- **Documents:** Have the 4 requirements established in **Step 3**.
- **Limited number of daily consultations:** Arrive before 6am in order to make the queue and pass triage.
- **Schedule:** Monday to Friday (10 spaces), Saturdays only receive 5 spaces.
- **Companion:** It is recommended to come with a companion to support the patient in the paperwork process and make queues at other offices.

Financial support: It is recommended to search for financial aid for transportation if necessary. Some exams or medications that are scarce and do not have any stock availability in the institution.

In addition, for special cases or when the patient is arriving from remote areas of Trujillo, it is recommended that the navigator contact the person in charge of triage to inform them of the arrival of the patient.

Admission process

The following steps explain the management of a new patient with SIS, IREN-Norte.

Step 1: Entrance to IREN-Norte

Present your ID to the security staff at the entrance. This door has tinted windows. Approach the triage service.

At triage:

- Wait for your turn. The assistance is by order of arrival.
- Present your ID (original and photocopy), photocopy of the pathology result (biopsy) or imaging exams (ultrasounds, mammograms, or others) that indicate a suspicious or confirmed diagnosis of breast cancer.

-
- A ticket will be given to you for the opening a medical history and assistance at Admission (Window 1).

If it is determined that the patient does not require assistance at IREN-Norte, she will be referred to the health center she belongs to.

Step 2: Request admission as an IREN-Norte patient

After triage, the patient passes to Admission (Window 1)

At admission (Window 1):

- o Receive the ticket and carry out the opening of the Medical History.
- o The referral copy is returned with a seal of approval.
- o The first medical appointment will be given for the same day or another date.

Note: The SIS patient should not pay in the window for the opening a medical history.

Step 3: The appointment day:

A. Insurance Area (Window 3)

- Leave you original ID.
- Pick up the Format of Assistance and with this document, head to outpatient offices.

B. Area of Outpatient Offices:

- Hand in the **medical appointment ticket and Format of Assistance** to the nurse technician that is assisting you.
- Take a seat and wait to be called by clinical assistance.
- In the consultation, pass the medical exam.
- When leaving, **you must pick up the Format of Assistance signed by the doctor and return it to window 3** where you left your ID. The ID will be returned to you once you hand in the Format of Assistance.

Following on Patients

The following steps explain the management of the IREN-Norte hospital for a patient diagnosed with breast cancer that requires a surgery, chemotherapy, radiotherapy treatment.

On the first appointment, the physician will request several exams. On the following appointment, the physician has the results and plans the treatment: chemotherapy, radiotherapy, or surgery.

Step 1: Exams and supplies for the surgery

For a breast cancer patient that requires a surgery, the physician specialist will evaluate if the patient will have surgery. The physician sends her to surgical risk and with those results; the patient enters a surgery waiting list. The physician issues the orders for the necessary exams and supplies; the patient must bathe before any imaging exams (X-Rays, ultrasound, MRI, CT scan).

Once the surgery is programmed, IREN-Norte will call the patient by telephone for her to go with her lab exams and surgery supplies. The exams and medication are covered by the SIS.

If due to a specific situation at IREN Norte or lack of pharmacy supplies, the supplies cannot be covered, these will have to be paid by the patient or the patient must go to social services to receive support.

Step 2: Hospitalization

The patient delivers what is needed for the surgery and the medial team gets prepared.

It is recommended that every patient takes toilet paper, hand soap, toothbrush, comb, sandals, cutlery, oral thermometer, towel, and pajama as well as 2 disposable shavers.

Step 3: Post surgery

After some days of the surgery, the patient will be discharged. The patient must receive the Hospital Discharge Paper.

Once discharged, the patient will go to the outpatient area to have her wounds checked.

The patient will then go to a post-surgery control (according to a medical recommendation) with the result of the pathology study. At the specialist's office, the patient will be informed of the treatment she will receive (for example chemotherapy, radiotherapy) based on the stage of cancer and the patient will receive an order for exams.

Step 4: Chemotherapy - Radiotherapy

If the patient receives chemotherapy, this will be done at IREN-Norte with previous coordination. After each chemotherapy, the patient will pass a consultation, assessment and she will be given an order for exams for the following application of chemotherapy.

If the patient must receive radiotherapy, she will receive a medical report and will be referred to Radiotherapy for her to make an appointment. On the day of the appointment, the physician will evaluate her and determine the number of sessions she will need; the physician will schedule a date for exams previous to the therapy and the patient will receive a phone call with the starting date of the radiotherapy. At the end of these sessions, the patient will receive a report of results and she will make an appointment with the area that requested these services (oncologic surgery or oncologic medicine).

UNIT 7: Directory of resources and other support material

Directory of community resources

An information source that all navigators should have is the directory of community resources which is unique for every community and it describes in a precise manner all the resources at a community, district, public, and private level.

The directory include names of organizations, hospitals, shelters, people that may contacted, addresses, telephone number, web sites and a brief description of the services offered by each organization (See Annex 8: Directory of resources, Trujillo).

It is the navigator's task to be alert for any new resource and service that may be useful for patients and update the directory on a regular basis. If a navigation service is implemented in other provinces or regions, a specific directory of resources must be developed for each community.

Material for support in navigation services

Based on the needs and interests of the hospital and the population of breast cancer patients, all promotion material may be useful. For example, a pamphlet for breast cancer patients that explains the benefits of communication flow.

Hospitals may promote their navigation services for breast cancer patients using posters, newsletters, newspaper articles or publicity, television news, interviews on the radio or Internet.

UNIT 8: Lifestyle for breast cancer patients

Side effects of treatments

Any treatment for breast cancer has side effects. It is important that a woman with breast cancer and her family know the possible side effects for them to be prepared to rest and recover.

Surgery

It is normal for a woman to feel tired or weak for some time after the breast surgery. The recovery time is different for each woman.

The surgery can cause pain and sensibility, the skin from where the breast was removed may feel tense. The muscles of the arm and shoulder may feel tense and weak; she may feel pain in her neck and back. Medication can be used to help control the pain. Before the surgery, it is useful for the patient to speak with her physician regarding a plan to alleviate pain. After the surgery, the physician may adjust the plan if the patient needs more relief.

Any surgery has a risk of infection, bleeding, or other problems. It is important to contact the doctor immediately if there is any problem.

When removing the lymph nodes from the axilla, the lymph or lymph liquid flows more slowly. The liquid may accumulate in the arm and the hand and cause swelling. This is called Lymphedema and it may happen immediately after the surgery or after some months and even years. The patient must always protect her arm and hand and avoid cuts, burns and other wounds. The nurses shall not take her blood pressure level or place any injections on that side of the body.

Radiation

Side effects will depend mainly on the type of radiation and doses administrated. A patient may ask her physician to describe what to expect.

It is common for the skin of the treated area to turn red, dry, sensitive, and feel itchy. The patient must ask the physician before using any lotion, cream, or deodorant in the treated area. Once the treatment has ended, the skin will heal slowly. However, it is possible for there to be a permanent change in the color of the skin.

As with any type of radiotherapy, the breast may feel heavy and hard. It may make the breast look red or with bruises. These problems generally disappear within time. A bra and tight clothing may cause irritation on the skin. The recommendation is to use loose cotton clothing during some time.

It is likely that the patient will feel tired during radiotherapy, especially during the last weeks of treatment. Although resting enough is important, most women with breast cancer feel better when they practice some kind of exercise every day. Walking a little bit or stretching may help them feel less tired.

Chemotherapy

The side effects of chemotherapy mainly depend on the medication and doses used. Chemotherapy destroys cancerous cells that grow quickly however, medication can also damage normal cells that divide quickly. The fact that normal cells also die is what causes the side effects.

The effect of chemotherapy in blood cells increases the risk of the patient having infections, bleeding easily, and feeling weak and tired.

Chemotherapy may cause the falling of hair. If hair falls, it will grow back out after the treatment however it is possible that the color and texture may change.

Chemotherapy may cause lack of appetite, nausea, vomiting, diarrhea or sores in the mouth and lips. The physician may prescribe medication to the patient and suggest other forms to control these effects.

Hormonal therapy

The side effects of hormonal therapy depend on the type of treatment. The most common side effects are heat flashes, vaginal discharge, and nausea.

Nutrition

An appropriate and suitable nutrition may help the breast cancer patient in two key ways: first, by managing the side effects of treatment and second, by avoiding the growth or recurrence of cancer.

Food to feel better

The loss of appetite or desire to eat, and even nausea and vomiting, are side effects of the cancer treatment and are very common after surgery. This is frequently accompanied by the loss of weight and weakness. There are some ways of eating to alleviate these symptoms:

- Eat several small portions during the day instead of a large portion.
- Drink protein shakes (for example yogurt) instead of solid food.
- Eat simple soups with chicken and vegetables.

Good nutrition is also associated with a greater possibility of recovery. After breast cancer surgery, the body needs more than its normal intake of proteins. The body needs them to repair cells, fight infections and heal incisions. Immediately after the surgery, increase the intake of proteins without worrying about the calories. Proteins help the healing process and recovers strength.

Some ways of increasing the intake of proteins are:

- Adding powder protein or milk to foods.
- Adding cheese to vegetable, potatoes, rice, and salads.
- Adding to the diet snacks rich in protein with almonds, peanuts, and cheese.

Food against cancer

For women with a history of breast cancer, keeping a suitable weight through a healthy diet and regular exercise is very important. Nutritional recommendations and physical activities to reduce the risk of cancer recurrence and heart diseases are especially important for people that have had breast cancer. The American Cancer Society (ACS) has established lines of action to guide the nutrition and physical activity for breast cancer survivors.

- Reach and maintain a healthy weight. Breast cancer survivor that has overweight or are obese must limit their high calorie food and drinks.
- Eat at least 2 ½ cups of fruit and vegetables every day.
- Eat food with whole grains such as wheat bread and cereals, Brown rice, popcorn, and quinoa.
- Limit the consumption of red meat. Choose chicken, fish or beans instead.
- Reduce the consumption of “bad” fat (animal fat or processed food) and eat more “good” fat such as olive and canola oil.
- Obtain enough vitamin D and calcium every day. Food rich in vitamin D is found in fish, liver, eggs, and cheese. Food rich in calcium is found in milk, yogurt, cheese, and green vegetables.
- If you drink alcohol, limit the consumption to one alcoholic beverage per day. People that drink alcohol must try to obtain enough folic acid, through multivitamins or the consumption of food such as oranges, orange juice, green vegetables, and cereals for breakfast.

Physical activity/exercise

Physical activity also supports the cancer patient in two key manners. It helps maintain a healthy weight and alleviate some possible side effects that are caused by cancer treatment. Before starting an exercise routine, the patient must speak to her physician to make sure this is beneficial for her, considering her treatment and health condition.

Exercises to feel better

For example, in some cases, surgery and radiotherapy may have affected the muscle strength and flexibility and there is a series of exercises that can be done to strengthen these areas after the treatment (See Annex 9: Exercises for Patients operated for breast cancer).

Exercises after surgery

As the patient may feel pain, rigidity in the shoulder or lymphedema, some exercises have been developed to treat side effects (See el Annex 10: Exercises for Patients operated for breast cancer).

Recommendations to maintain a healthy weight.

- Avoid inactivity and return to daily activities as soon as possible.
- Do at least 150 minutes of moderate exercise per week. An example of moderate exercise is walking quickly.
- Do exercise training with weights at least twice a week.

When the treatment is over, the patient must ask her physician for advice regarding nutrition and the activities she may perform.

UNIT 9: Follow up for patients in Trujillo Network

A woman motivated to get a clinical breast exam done, aged between 40 and 69 (based on the 2017-2021 National Plan), arrives at the closest Health Center (first level of assistance) to her residence and locates the obstetrician office where a trained health professional will perform a CBE.

If the result is normal, the woman will be told to return in a year for her control. If the result is abnormal, she will be referred to breast health office of the micro-network (level II hospital) to have a CBE test and Ultrasound performed by a trained physician. After she has been assessed at the referral hospital and the result is normal, she will be asked to return in a year for her control at the previous health center. If the result is abnormal, she will be referred to a hospital with FNA availability in order for her to be admitted and have a FNA performed after an ultrasound is performed in the breast health office. Consider that there are specific days in which these offices assist.

The ultrasound is done to identify the type of mass that is palpated during the CBE. When identifying if it is a benign or cancer suspicious mass, the physician performs a FNA. If the ultrasound does not identify any mass has a normal result, the patient is asked to return to the previous health center in a year.

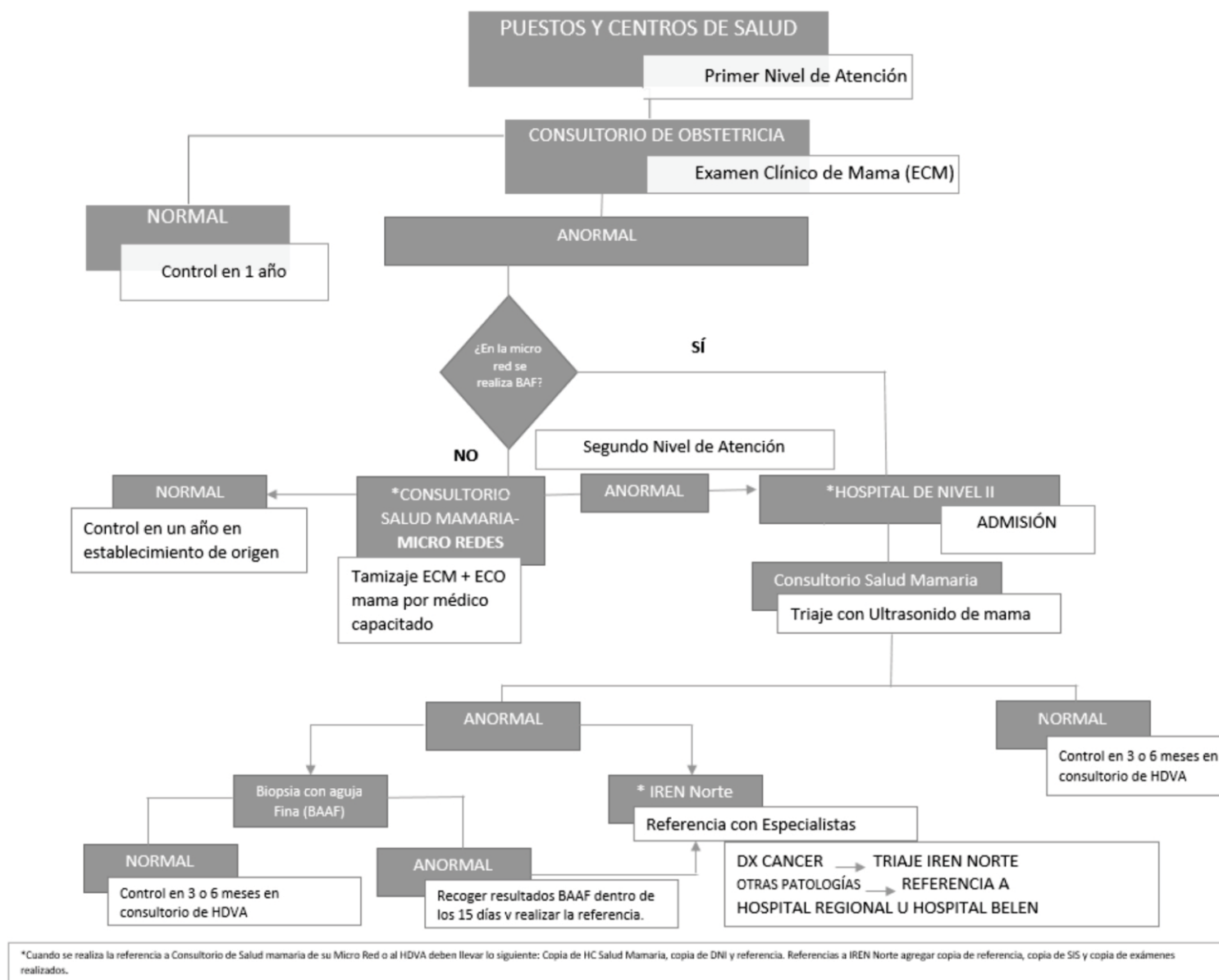
If the result of the biopsy is negative (negative cytology for neoplasm) the patient will be asked to return in three to six months to the same office. If the result of the biopsy is positive (positive cytology for neoplasm) the patient will be referred to a specialized cancer hospital.

If the specialized cancer hospital (in our case, IREN-Norte) confirms the cancer diagnosis, the patient will start treatment in this hospital, starting by the triage area and if it were a different pathology, the patient will be referred to another hospital (Regional hospital or Belen Hospital).

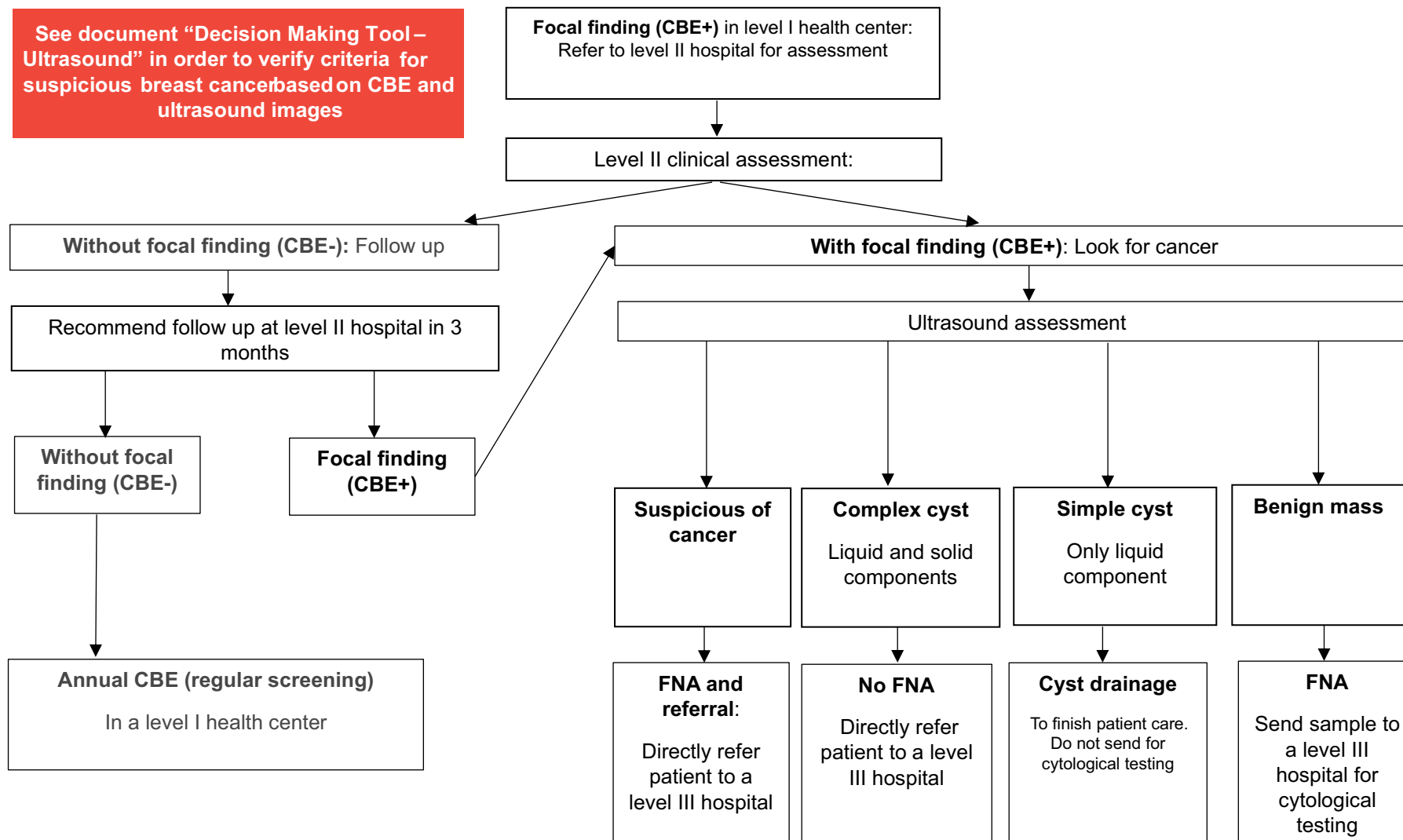
The following chart shows the information mentioned above.

Review **ANNEX 6** and **ANNEX 7** to complement.

FLOWCHART FOR ASSISTANCE IN BREAST HEALTH – TRUJILLO HEALTH NETWORK

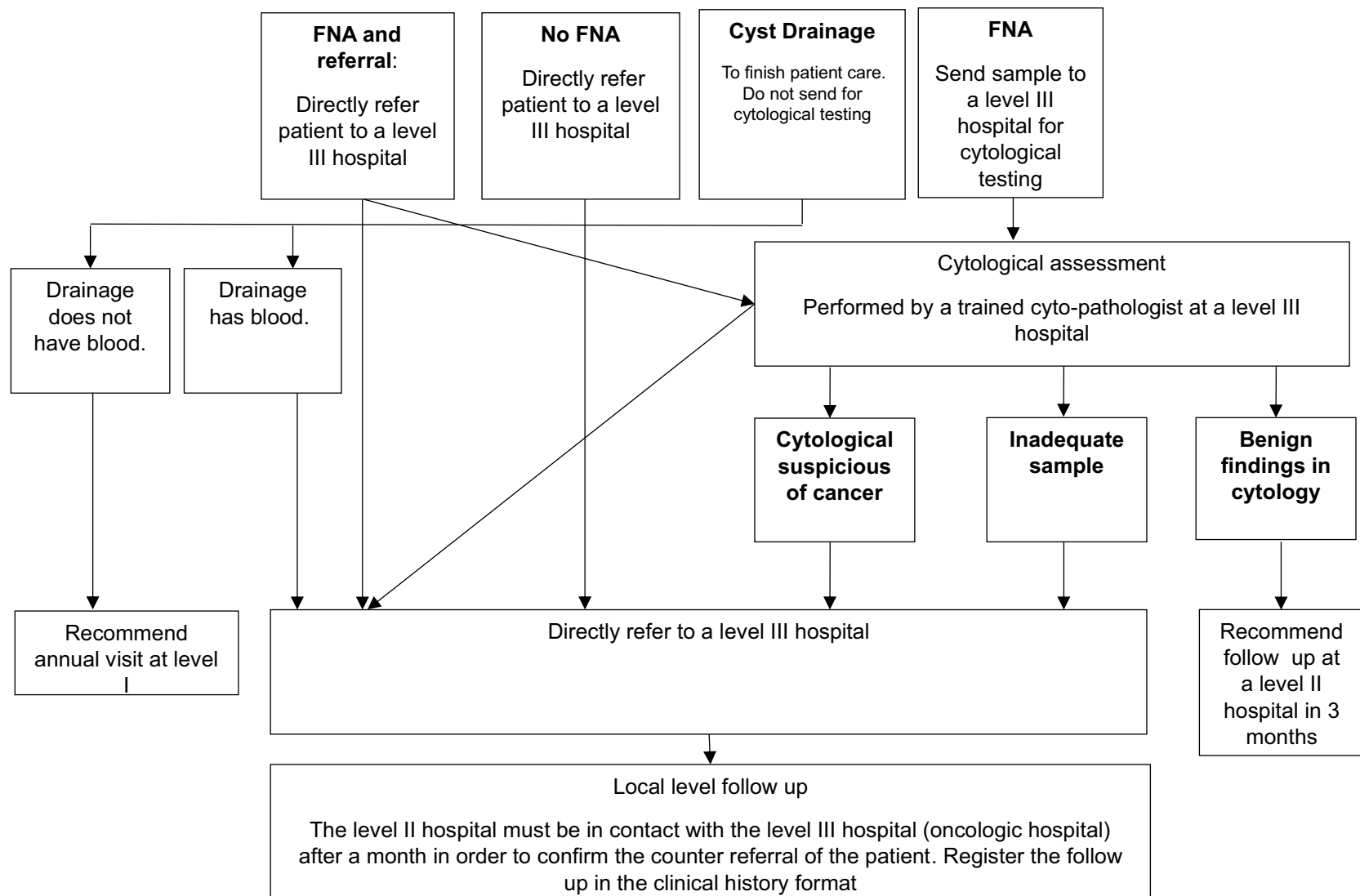


FLOWCHART FOR ASSISTANCE IN CBE WITH A FOCAL FINDING (CBE+)



See **page 2** of flowchart – clinical question based on cytological findings

Continuation of flowchart in **page 1**, ultrasound assessment for detection of cancer



Follow up tool for abnormal CBE and FNA

Institutional logo

SEGUIMIENTO DE PACIENTES CON ECM ANORMAL Y BAF - RED DE SALUD TRUJILLO

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TRUJILLO ESTE 2017



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UNIT 10: Understanding the roles

Community Health Agent

The community health agent is the person that has been chosen and recognized by the community to develop voluntary actions of health promotion and cancer prevention. The promoter works in the community and provides learning sessions for women to be aware of the importance of early detection of breast cancer. The community agent together with the cancer coordinator of the micro-network will program sessions and it is likely they will accompany the motivated woman to have her clinical breast exam performed in the closest health center.

He/she will also give follow up regarding the assistance received at the health center and will report this to a cancer coordinator.

IREN-Norte Nurse

The IREN-Norte nurse of the triage area has the function of directing the flow of the patient that arrives with a referral for a breast cancer diagnosis from a level II hospital; this is done in order to confirm the diagnosis and if positive, start treatment.

ALINEN-Norte Volunteering

ALINEN-Norte is a nonprofit organization formed by volunteer ladies that have the objective of providing support to cancer patients with low economic resources that are seen in the Instituto Regional de Enfermedades Neoplásicas Norte (IREN-Norte North Regional Institute for Neoplastic Diseases). Their support areas are external consultation, admission, chemotherapy, dining area, integrated health system and pathology.

Any action done by a volunteer has been previously coordinated with Social Services at the IREN-Norte hospital.

Some of the roles of the volunteer ladies are:

- Daily assistance to relatives and patients through guidance, information and emotional support.
- Promotion of healthy lifestyles.
- Campaigns of cancer screening.
- Support in treatments of cancer patients: chemotherapy, radiotherapy, surgical interventions, etc.
- Accommodation for the patient and a relative.

ANNEX 1: Questions for consultation

| Type of consultation | Questions |
|-----------------------------------|---|
| Diagnosis | <ul style="list-style-type: none"> • What tests did you perform? • What were the results of the tests? • What does that mean? • How can I know if I have breast cancer? • What will happen now? |
| General treatment | <ul style="list-style-type: none"> • What are my treatment options? • What do you suggest? Why? • What is the benefit of each treatment? • What are the risks or side effects that come with each treatment? • How much does the treatment cost? • Is it covered by my health insurance? • How will my life be affected? • When will I start treatment and how long will it last for? • Is the cancer I have curable? • What will happen if I decide to not receive treatment? |
| Surgery | <ul style="list-style-type: none"> • What type of surgery is suitable for me? • Can my breast be saved? Can it be removed? • What are the risks and side effects of surgery? • What are the benefits of surgery? • Can my lymph nodes be removed? • How long may I stay at the hospital for? • How will I feel after the surgery? • Will there be scars? What will they look like? Will they disappear? • How do I take care of myself after surgery? • Do I need special exercises? • When can I use my arm again? • What type of activities must I avoid? • When can I return to my daily life? • May I speak to other women that have had surgery? How can I contact them? |
| Radiation therapy (X rays) | <ul style="list-style-type: none"> • Why do I need this treatment? • When do I need it? • What are the risk factors I face? • What are the benefits of radiation? • What are the side effects? Are they long term side effects? • Will it damage my skin? • Will I lose my hair? • When will the treatment begin? • How will I know if it is working? • When will the treatment end? • How will I feel during the treatment? • Can I return to my daily life? • How will my body react to treatment? • Is the tumor going to grow in my chest? • How frequently do I need a check-up? |

| | |
|--|--|
| | <ul style="list-style-type: none"> • How frequently do I need a check-up? |
| Systematic Treatment (Chemotherapy or Hormonal Therapy) | <ul style="list-style-type: none"> • Why do I need this treatment? • What type of medications is there? • How will the treatment affect my daily life? • When will the treatment start and how long will it last for? • What is the objective of these treatments? • Will my cancer have a cure? • What are the risks and side effects? • How will I know if the treatment is working? • Will I lose my hair? • What can I do to be prepared for side effects? • Should I contact you if I have any side effect? • Will there be any long-term effects? • Will I have to stay at the hospital? • What type of follow up assistance is necessary? |

ANNEX2: Communication Plan

Nº 3. Establecer cambio de roles para los familiares

Tratar las enfermedades delicadas, como el cáncer, requiere meses, hasta más de un año, para concluir.

Conversar con su ser querido sobre cambios en la vida diaria y que participe cuando sea posible:

** Reorganización en la vivienda y necesidad de viajar para recibir tratamiento.*



** Apoyo familiar en el cuidado de los niños y la casa.*

** Necesidad de descansar en vez de trabajar mucho.*

** Manejar el presupuesto y costos de la enfermedad.*

Nº 4. Prepararse para las consultas médicas

Traer libreta.
Escribir sus preguntas sobre la enfermedad, el cuidado y sus problemas de salud.



Asistir con un acompañante.
Llevar lista de medicamentos y consultar si tiene dudas.
Preguntar y así tener acceso a información comprensible:

1. ¿Cuál es mi problema principal?

2. ¿Qué debo de hacer mientras estoy aquí?

3. ¿Qué tengo que hacer cuando voy a casa?

4. ¿Por qué es importante para mí hacer esto?

5. ¿Qué puede hacer mi acompañante durante mi tratamiento?

Plan de Comunicación

Para un paciente ONCOLÓGICO
*Un servicio brindado por:
ALINEN-Norte*

**VOLUNTARIAS /
NAVEGADORAS**



FAMILIARES



PACIENTE



MÉDICOS



Nº 3. Establecer cambio de roles para los familiares

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4. ¿Por qué es importante para mí hacer esto?

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Plan de Comunicación

Para un paciente ONCOLÓGICO
*Un servicio brindado por:
ALINEN-Norte*

**VOLUNTARIAS /
NAVEGADORAS**



FAMILIARES



PACIENTE



MÉDICOS



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| <p>Nº3 Establish changes in roles for family members The treatment of delicate illnesses such as cancer may take months, even years to finish.</p> <p>Talk to your loved ones about the changes in daily life and have them participate when possible:</p> <ul style="list-style-type: none"> • Reorganization in the household and need off traveling to receive treatment. • Family Support in the care of children and the home. • Need of resting instead of working. • Manage the budget and costs of the illness. | <p>Nº4 Prepare yourself for medical appointment Bring a notepad. Write your questions about the illness, care, and health problems.</p> <p>Attend with a companion. Take a list of medication and doubts you may have. Ask and you will have access to understandable information:</p> <ol style="list-style-type: none"> 1. What is my main problem? 2. What should I do while I am here? 3. What do I have to do when I return home? 4. Why is it important for me to do this? 5. What can I do during the treatment? | <p>Communication Plan for a cancer patient A service provided by: ALINEN NORTE</p> <p>VOLUNTEERS/NAVIGATORS</p> <p>FAMILY MEMBERS</p> <p>PATIENT</p> <p>PHYSICIANS</p> |
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| | | |
|---|--|---|
| <p>What is a communication plan? It is an agreement that details the preferences of the patient regarding the management of information related to their illness including Medical Assistance, Insurance, Sample taking, Exams and Results, Control and Treatment, Support settings.</p> <p>What Is this COMMUNICATION PLAN used for? It facilitates for your wishes and preferences to be heard and understood.</p> <p>It improves the collaboration between you and your family, medical staff and other settings.</p> <p>It supports the decision making for the treatment.</p> | <p>Steps to create a COMMUNICATION PLAN Remember a volunteer/navigator of ALINEN Norte is willing to support you in these steps and provide information.</p> <p>Nº1 Identify Communication channels:</p> <p>Patient ...Family members</p> <p>Volunteer ...Patients and family members</p> <p>Patients and family members ...Physicians</p> | <p>Nº2 Define an Information Flowchart Who from your setting do you want involved in the exchange of information regarding your health and medical decisions?</p> <p><i>Spouse, parent, children, friend, or others you may decide</i></p> <p>How do you prefer the medical staff share details about your illness and treatment?</p> <p><i>Some people wish to know everything. Others prefer for their close ones to manage the information.</i></p> <p><i>Is there something you would not like to know?</i></p> |
|---|--|---|

ANNEX 3: Stages of breast cancer*

| Stage | Description |
|-------------------|--|
| Stage 0 | Stage 0 is an on-site carcinoma. In the On-Site Ductal Carcinoma, there are abnormal cells in the breast ducts, these cells have not yet invaded the surrounding tissue of the breast or have they spread outside of the duct. |
| Stage IA | The breast tumor does not measure over 2 cms (3/4 inch). Cancer has not spread to lymph nodes. |
| Stage IB | The tumor does not measure over 2 cms from one side to the other. Cancerous cells were found in the lymph nodes. |
| Stage IIA | The tumor does not measure more than 2 cms and cancer has spread to the lymph nodes of the axilla Or the tumor measures from 2 to 5 cms (from 3/4 inch to 2 inches), but cancer has not spread to the lymph nodes of the axilla. |
| Stage IIB: | The tumor measures from 2 to 5 cms and cancer has spread to the lymph nodes of the axilla. Or the tumor measures more than 5 cms but cancer has not spread to the lymph nodes of the axilla. |
| Stage IIIA | The breast tumor does not measure more than 5 cms and cancer has spread to the lymph nodes of the axilla that are adhered to each other or to surrounding tissue. Or cancer may have spread to the lymph nodes behind the breastbone. Cancer may have spread to the lymph nodes under the arm and these lymph nodes may be adhered to each other or to surrounding tissue. Or cancer may have spread to the lymph nodes behind the breastbone, but it has not spread to the lymph nodes of the axilla. |
| Stage IIIB | The breast tumor may have any size and has grown inside the thorax wall or skin of the breast. The breast may be swollen, or the skin may have lumps. Cancer may have spread to the lymph nodes under the arm and these lymph nodes may be adhered to each other or to surrounding tissue. Or cancer may have spread to the lymph nodes behind the breastbone. |
| Stage IIIC | The breast tumor may have any size and have spread to the lymph nodes behind the breastbone and under the arm. Or cancer has spread to the lymph nodes above and under the collarbone. |
| Stage IV | The tumor may have any size and the cancerous cells have spread to other parts of the body such as the lungs, liver, bones, or brain. |

* For reference of the size, you may think of common objects to describe the size of a tumor: a tumor that measures 2 cms has the approximate size of a peanut and a tumor that measures 5 cms has the approximate size of a lemon.

ANNEX 4: Risk factors for breast cancer*

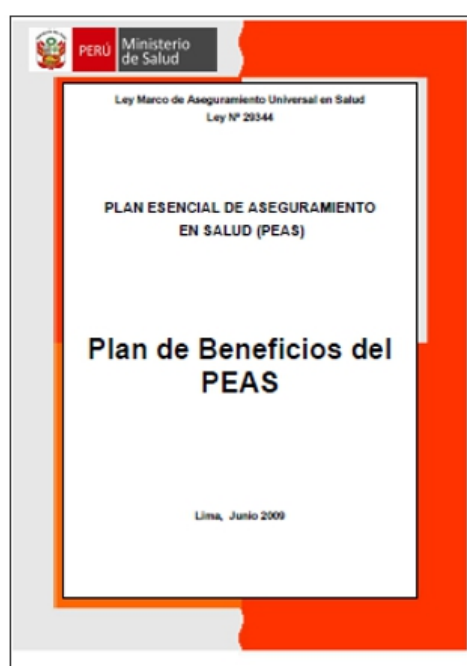
| Risk Factor | Definition |
|---|--|
| Being a woman | Women are more likely to develop breast cancer than men. |
| Older age | The risk of breast cancer increases with age, especially after turning 40. |
| Personal history of breast cancer | People that have had breast cancer have a higher risk of developing breast cancer in the other breast. |
| Family history | If the mother or daughter of a woman is diagnosed with breast cancer, especially at a young age, the risk of breast cancer increases for that woman. However, the majority of people diagnosed with breast cancer do not have any family history of the illness. |
| Inherited genes | Certain genetic mutations that increase the risk of breast cancer can be transmitted from parents to children. These genes may increase the risk of breast cancer and other types of cancer; however, it is not to be said that cancer is unavoidable. |
| Exposure to radiation | If you have received radiation treatments on the chest when you were a child or young adult, the risk of breast cancer increases. Radiation is also a treatment for breast cancer. |
| Obesity | Obesity increases the risk of breast cancer. |
| Early menstruation | A woman that had her first menstruation cycle before she was 12 years old increases the risk of breast cancer. |
| Delay in menopause | A woman that starts her menopause at an older age is more likely to develop breast cancer. |
| Having her first child at an old age | Women that give birth to their first child after they are 35 years old may have a higher risk of having breast cancer. |
| No pregnancies | Women that have never been pregnant have a higher risk of breast cancer than women that have been pregnant. |
| Drinking alcohol | The consumption of alcohol increases the risk of breast cancer. |

* Remember the majority of women that have one or more risk factors never develop the illness, while many women with breast cancer do not have apparent risk factors (except being a woman and aging). A risk factor for breast cancer is not a cause of the illness..

ANNEX 5: List of insurable conditions by PEAS


LIST OF INSURABLE CONDITIONS PEAS - DS N° 016-2009-SA

- Healthy Population: 5
- Obstetrician conditions: 28
- Gynecological conditions: 5
- Pediatric conditions: 23
- Tumor conditions: 7
- Communicable conditions: 31
- Non-Communicable conditions: 41
 - Total: 140 conditions



INSURABLE CONDITIONS PEAS

| | | |
|-----|---|--|
| I | HEALTHY POPULATION | |
| II | OBSTERTICIAN AND GYNECOLOGICAL CONDITIONS | |
| | Obstetrician conditions | |
| | Gynecological conditions | |
| III | PEDIATRIC CONDITIONS | |
| | Conditions that affect a newborn | |
| | Conditions that affect children under 12 | |
| IV | NEOPLASTIC CONDITION(TUMORAL) | |
| | Tumors in the feminine genital area | |
| | Other tumors | |
| V | COMMUNICABLE CONDITIONS | |
| | Infections in the respiratory system | |
| | Genital urinary infection and sexual transmission | |
| | Other infections | |
| VI | NON COMMUNICABLE CONDITIONS | |
| | Mental conditions | |
| | Chronic and degenerative conditions | |
| | Acute conditions | |



| | |
|----|------------------------------------|
| IV | NEOLASTIC CONDITIONS (TUMORS) |
| | FEMININE GENITAL TUMORS |
| 1 | Cervical cancer/Cervical dysplasia |
| 2 | Uterine myomathosis |
| 3 | Breast cancer |
| | OTHER TUMORS |
| 1 | Colon Neoplasm |
| 2 | Stomach neoplasm |
| 3 | Prostate neoplasm |

ANNEX 6: Getting prepared to visit IREN Norte

Preparando la atención para el IREN-Norte (ANTES)

Para una paciente con diagnóstico o sospecha de cáncer de mama, bajo el SIS: GRATUITO-NRUS-INDEPENDIENTE



VISITA:

- Atención en Un Establecimiento de Salud
Va al establecimiento de Salud local para:
- Evaluación médica
 - Si resulta con alta sospecha o con diagnósticos de cáncer, solicita referencia a IREN-Norte
- Verificando:
- a) Que paciente, ni esposo tengan otros tipo de Seguros (EsSalud-SaludPol)
 - b) Que la afiliación al SIS esté activa
 - c) Llenado correcto de la referencia (DNI y la afiliación SIS), visto bueno of. seguros)

Llevar 4 Requisitos:

- Hoja de referencia del Centro Salud/hospital al IREN-Norte y una copia.
- Copia de resultado de patología o biopsia o estudio de imágenes: ecografía, mamografía y otros d Alta sospecha de cáncer o cáncer.
- DNI vigente de paciente y una copia.
- Copia de DNI de esposo (si es casado)

PLANEAR VISITA AL IREN:

- Trae los 4 requisitos:
- Ingresa al área de triaje.
 - Acuda a las 6.00 am. (hay cupos limitados) para pacientes nuevos.
 - Los días de consulta del Servicio son los días lunes, miércoles o viernes.
 - En lo posible acude acompañado de un familiar.

Getting prepared for assistance at IREN NORTE (BEFORE)

For a patient with a diagnosis or suspicious of breast cancer under SIS: FREE-NRUS-INDEPENDENT

Visit

Assistance in health facility.

- The patient goes to the local health facility for:
- Medical Assessment which results in a high suspicious or diagnosis of cancer, referral is made to IREN-NORTE
- Verifying:

that the patient or spouse does not have any other insurance (EsSalud-SaluPol)

that the affiliation to SIS is active

the correct filling out of referral (ID, affiliation to SIS, approval at insurance office.

Take 4 requirements:

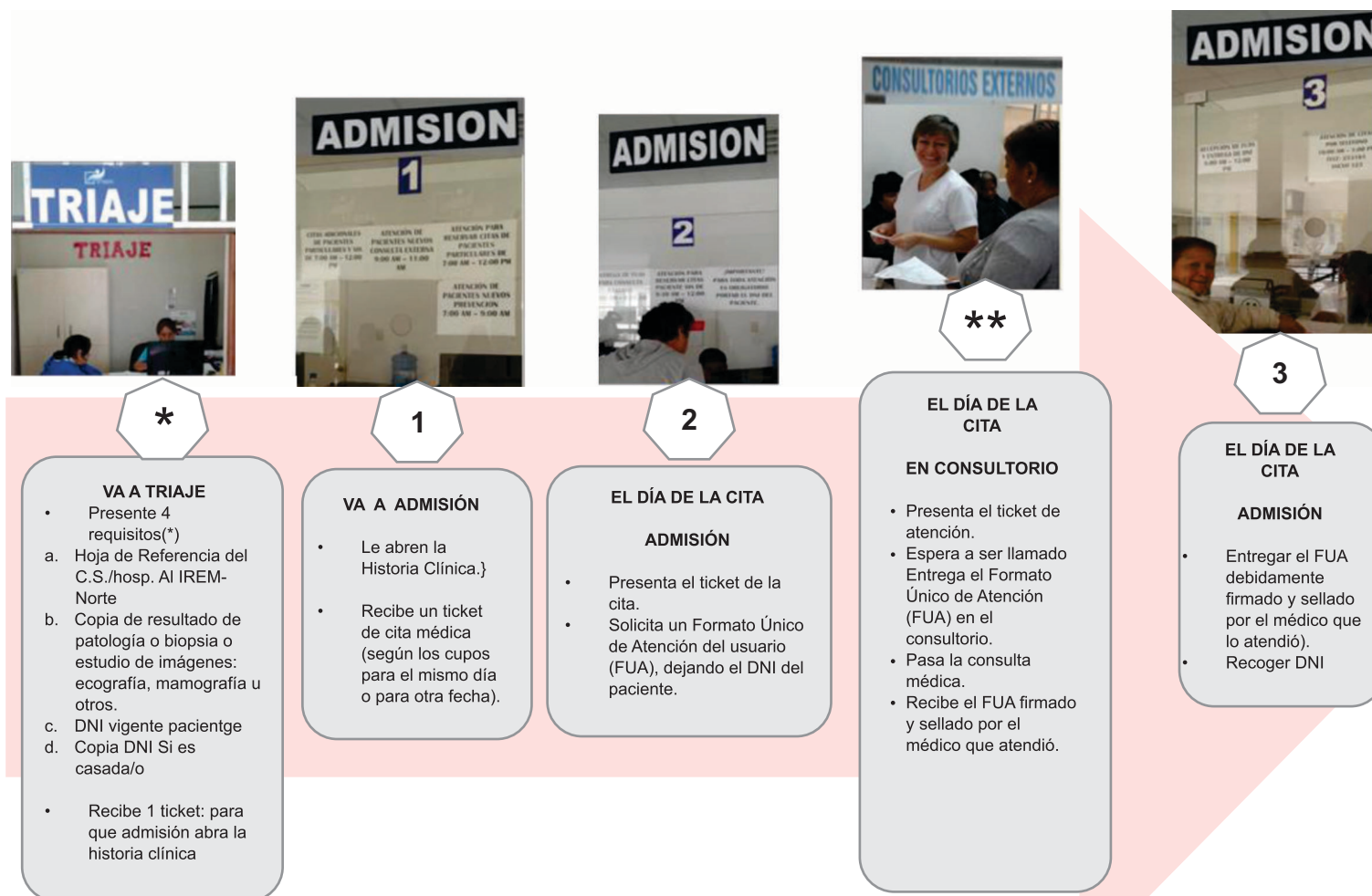
- Referral sheet of Health Center/Hospital at IREN Norte and a copy.
- Copy of pathology result or imaging studies: ultrasound, mammogram and other high suspicious of cancer or cancer
- Current ID of patient (original and copy)
- Copy of ID of spouse (if married)

PLAN THE VISIT TO INEN

- Enter through the triage area
- Arrive at 6am (there are limited spots) for new patients
- Consultation days are Monday, Wednesday, or Friday.
- If possible, arrive accompanied by a family member

ANNEX 7: Admission Process IREN Norte

SIS: FREE-NRUS-INDEPENDENT



| * | 1 | 2 | ** | 3 |
|---|--|---|---|---|
| GOES TO TRIAGE | GOES TO ADMISSION | Appointment Day Admission | Appointment Day Medical Office | Appointment Day Admission |
| <p>The patient presents 4 requirements:</p> <p>a) Referral sheet from health facility at IREN Norte.</p> <p>b) Copy of pathology or biopsy results or imaging studies: ultrasound, mammogram, or others.</p> <p>c) Current ID for patient</p> <p>d) Copy of spouse ID if married.</p> <p>*The patient receives one ticket with which Admission will open a medical history.</p> | <p>The medical history is opened.</p> <p>The patient receives a ticket for a medical appointment (based on the spots available for the same day or a different day).</p> | <p>The patient presents the ticket.</p> <p>The patient requests a Unique Assistance Format (FAU) and leaves her ID.</p> | <p>The patient presents a ticket of assistance.</p> <p>The patient waits to be called.</p> <p>The patient turns in the format at the office.</p> <p>The patient passes the medical consultation.</p> <p>The patient receives the format with the signature and seal of the physician that assisted her.</p> | <p>The patient turns the FUA format in (signed and sealed by the doctor).</p> <p>The patient picks up her ID.</p> |

ANNEX 8: Directory of Trujillo Network

DIRECTORY OF RESOURCES AVAILABLE FOR SUPPORT TO THE BREAST CANCER PATIENT : TRUJILLO, LA LIBERTAD

*A navigation service provided by ALINEN-Norte
Last updated: June 2017*

SUPPORT SERVICES FOR CONSULTATION DIAGNOSIS STUDIES

| | |
|-----------------------|---|
| TOMONORTE | <p>Offered services:</p> <ul style="list-style-type: none"> • CT scan • MRI • Ultrasound, Mammogram <p>Address: Urbanización El Recreo – Calle 109 Colombia Street - Trujillo</p> <p>Telephone number: 044-207111 / 948 295 006</p> <p>Office Hours: 8.00am – 8.00pm</p> |
| HOSPITAL LA NORIA | <p>Offered services:</p> <ul style="list-style-type: none"> • X Rays • Ultrasound <p>Address: Urbanización La Noria – 124 Blas Pascal Avenue - Trujillo</p> <p>Telephone number: 044-317622</p> <p>Office Hours: Consultation: 8.00am – 2.00pm</p> <p>Emergencies: 24 hours</p> |
| HOSPITAL VISTA ALEGRE | <p>Offered services:</p> <ul style="list-style-type: none"> • Mammogram • X Rays • Ultrasound <p>Address: Urbanización Vista Alegre – 193 Bernardo Alcedo Street - Trujillo</p> <p>Telephone number: 044-281380 Extension: 202</p> <p>Office Hours: Consultation: 8.00am – 2.00pm</p> <p>Emergencies: 24 hours</p> |
| HOSPITAL REGIONAL | <p>Offered services:</p> <ul style="list-style-type: none"> • Consultation • X Rays • Laboratory <p>Address: 795 Mansiche avenue – Trujillo</p> <p>Telephone number: 044-481200</p> <p>Office hours: Consultation: 8.00am – 2.00pm</p> <p>Emergencies: 24 hours</p> |

| | |
|---|---|
| HOSPITAL BELÉN DE TRUJILLO | <p>Offered services:</p> <ul style="list-style-type: none"> • Consultation • Laboratory • Blood bank • SIS Referral <p>Address: 350 Orbegoso Street– Trujillo Telephone number: 044-480200 Office hours: Consultation: 8.00am – 2.00pm Emergencies: 24 hours</p> |
| LIGA DE LUCHA CONTRA EL CÁNCER | <p>Offered services:</p> <ul style="list-style-type: none"> • Mammogram • X Rays • Ultrasounds • Consultations • Laboratory <p>Address: Urbanización El Molino - 330-332 Jirón Borgoño - Trujillo Telephone Number: 044-241224 / 949960681 Office hours: Monday to Friday: 8.00 am - 12.00 m 3.00 pm – 6.30 pm</p> |
| ***SUPPORT SERVICES FOR SPECIAL EXAMS OR COMPLEMENTARY TREATMENT *** | |
| | |
| RESOMAG CENTER | <p>Offered services:</p> <ul style="list-style-type: none"> • CT scan • MRI • Echocardiogram <p>Address: 795 Mansiche Avenue, Trujillo. This is in the facilities of the Regional Hospital of Trujillo Telephone Number: 044 - 207029 Office Hours: 8.00am – 7.30pm</p> |
| ***SERVICES OF DISSEMINATION AND INFORMATION, WORKSHOPS FOR CANCER PATIENTS*** | |
| IREN NORTE – LIC. PSICOLOGÍA ELMER DIAZ | <p>Offered services :</p> <ul style="list-style-type: none"> • Emotional support for cancer patients • Development of group workshops with oncologic patients. • Development of group sessions with relatives of patients that are in treatment and have been admitted. <p>Address: Panamericana Norte Km 558 - Trujillo Telephone number: 044-253161 Extension: 300 Office hours: 8.00am – 1.00pm</p> |

| | |
|---|---|
| IREN NORTE- LIC. NELLY PALACIOS | <p>Social Service</p> <ul style="list-style-type: none"> • Social economic support, follow up and home visits. • Management of material and economic resources. <p>Address: Panamericana Norte Km 558 - Trujillo Telephone number: 044-253161 Extension: 143 Office hours: 8.00am – 1.00pm</p> |
| SERVICES : SHELTERS, FOOD | |
| HOSPEDAJE “EL NACIONAL” | <p>Offered services:</p> <ul style="list-style-type: none"> • Accommodation at good prices • Food <p>Address: José Inclán Mza. I – Lote 38 Urb. Santa María - Trujillo Telephone number: 044 - 243319 Attention: 24 hours Prices: Matrimonial bedroom: S/ 25.00 Simple bedroom: S/ 18.00</p> |
| CASA HOSPEDAJE DE LOS FAMILIARES DE PACIENTES CON CÁNCER | <p>Offered services:</p> <ul style="list-style-type: none"> • Accommodation <p>Contact Social Service IREN Norte Address: Panamericana Norte Km 558 - Trujillo Telephone number: 044-253161 Extension: 143 Office hours: 8.00am – 1.00pm</p> |
| <p>It is the task of a navigator to be alert to new resources and services that may be useful for patients and update the directory of resources on a regular basis.</p> | |
| ***UPDATE OF SUPPORT SERVICES*** | |
| ALINEN NORTE | <p>Rendered services, previous approval of Social Service:</p> <ul style="list-style-type: none"> • Support with medication in the different stages of treatment and admission. • Support in lab analysis. • Support in the transportation of patients. • “SANTA ISABEL” shelter provides accommodation for the patient and 01 guest. <p>Address: Panamericana Norte Km 558 - Trujillo Telephone number: 044-696596 Office hours: 9.00am – 1.00pm</p> |
| CLUB DE LA MAMA | <p>Rendered services:</p> <ul style="list-style-type: none"> • Psychological workshops • Educational workshops • Recreational activities <p>Address: Panamericana Norte Km 558 - Trujillo Telephone number: 949662571</p> |

ANNEX 9: Exercises to maintain a body and mobility

1. Bed exercises: For when you feel with low energy.

Goal: Prepare the body for movement. Bed exercises are for people that generally feel exhausted with any small activity.

Image 1 Profound respiration/pelvic movement



Notes: This exercise is beneficial for any person during cancer treatment. It particularly helps patients in the post-surgery period and helps them expand their thorax cavity, reduce the muscle tension in the chest and improve lymph circulation due to the movement of the diaphragm.

Image 2 Extensions with a towel



Initial position (left image): Lie on your back with both elbows bent and your feet on the bed. Hold the rolled towel by the ends and raise your hands upwards towards the ceiling.

Action (right image): Breathe. Exhale while extending your arms towards the sides, maintaining the towel tense and keep that position for 5 seconds. Inhale and return your arms to the initial position with a loose towel. Repeat 5-10 times.

* A guide adapted with the permission of de Lisa Hoffman, MA

Image 3 Leg lifting



Initial position (left image): Lie on your back with both knees bent, feet on the bed and arms to the sides. Lower one leg until it is on the bed and bend the foot (raise toes towards your head).

Action (right image): Exhale and lift the extended leg to a 45° angle towards the ceiling. Inhale and lower the leg to the bed. Repeat 5-10 times with each leg.

Notes: It helps keep abdominal muscles tense; it will help the back for when getting out of the bed. You may limit the height for lifting the legs for your own comfort. If there is pain in the joint, modify or do not practice this exercise. It can also be done with both knees bent and the feet on the bed, extending a leg at a time towards the ceiling.

2. Chair exercises: Start moving

Goal: Prepare the body for standing, maintaining balance, correct posture, restore and increase the force of arms and legs.

Image 4 Fixing the back



Initial Position (left image): Sit on a chair or edge of a bed, keeping your back straight and feet on the floor. Put your hands behind your head and your elbows close to your ears.

Action (right image): Breathe. Exhale while placing the elbows and shoulder blades outbound and maintain that position for 3 seconds. Inhale and relax the elbows towards the ears again. Repeat 10 times.

Notes: Keep a vertical posture, squeeze your abdominal muscles. If the chest or shoulder joint have a limited range of movement due to the surgery or if you have an IV (for medication), please modify this exercise for your own comfort.

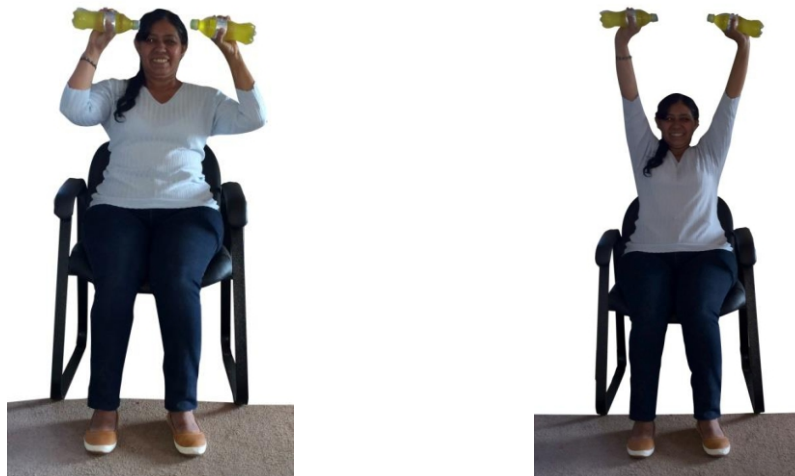
Image 5 Extension of a towel with a friend



Initial Position (left image): Sit on a chair or border of a bed with a straight back and your feet on the floor. Extend your arms and raise them to hold a rolled towel by the ends. Your friend/partner must sit on a chair in front of you, grabbing the towel by the center.

Action (right image): Breathe. Exhale while bending the elbows backwards, to the sides and squeeze the shoulder blades. Your partner must give a little resistance to the towel. Inhale and then return to the initial position maintaining resistance on the towel. Repeat 10 times.

Image 6 Lift the weights over your head



Initial Position (left image): Sit on a chair or the edge of a bed, keeping your back straight and your feet on the floor. Hold the weights with the palms facing forward, providing support to the weight (you can use a water bottle) over your shoulders.

Action (right image): Exhale and slowly extend your arms over your head until they are extended. Inhale and bend the elbows while you take the weight towards the shoulders.

Notes: Keep a straight posture, squeeze your abdomen muscles. Repeat 5 – 10 times. If due to a surgery or IV, the shoulder joint may have a limited range of movement, please modify the exercise for your own comfort. You can raise one arm at a time or change the direction of the palms to facing each other instead of forward.

3. Feet exercises: Walking, reinforcing balance and resistance

Goal: Return to your daily activities. The following exercises are with a bit of weight to benefit bones, muscles and posture.

Image 7 Standing and sitting



Initial Position (left image): Sit on a chair, maintain the back straight and feet on the floor. Take your friend/partner's hands.

Action (right image): Breathe. Exhale and elevate to a standing position while taking your friend/partner's hands for support. Use the strength of your legs. Inhale softly and sit down, Repeat 5-10 times.

Notes: Lean forward with the weight over your toes while standing and sitting. Once you feel more comfortable with this exercise, you may do it alone with your hands in the chair for leverage and arms extended in front of you.

Image 8 Rowing with one arm



Initial Position (left image): Remain standing next to a chair. Put a hand and a knee on the chair. Your back must be parallel to the floor, with the head facing downward. Hold a water bottle or a weight in the other hand, extending your arm downward.

Action (right image): Breathe. Exhale and bend the elbow and raise your arm until the elbow is above the back. Inhale when taking the arm downward again. Lift the arm upward and downward slowly 10 times and then repeat on the other side.

Notes: Use a weight that is comfortable for you and lift 10 times. You may use a small water bottle or a hand weight that does not exceed 4 or 5 kilograms. Increase the weight little by little and cautiously. Use the muscles of the back for lifting. It is not recommended that people with risk of lymphedema such as women with breast cancer lift heavy weights.

Image 9 Bending on the wall



Initial Position (left image): Standing, place both hands on the wall with your arms extended and fingers upward.

Action (right image): Inhale and bend your elbows while you lean towards the wall. Exhale and push backwards, extending your arms. Repeat 10 times.

Notes: For more stretching and range of movement in the shoulder joints, simply stand in front of the wall and take your fingers upward and then downward. This exercise can also be done next to the wall and climbing with your fingers upward. This exercise is useful for those that are recovering from breast cancer.

4. Stretching

The following stretching exercises imply slowly extending a muscle until reaching a point of tension, maintain the position for 20 seconds.

Image 10 Stretching of the lower back



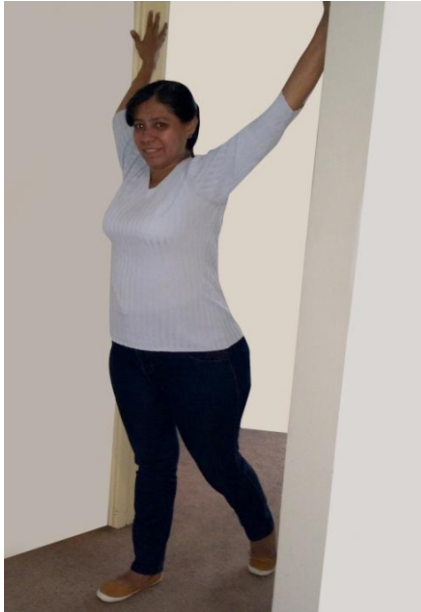
Lie on your back with both knees bent and your feet on the ground or bed. One at a time, lift your knees towards your chest. Your friend or partner can slightly press the knees towards the chest. Maintain that position during 20 second and then release them. If your knees are delicate, your partner must not press on the knees but grab you under the knees. You must feel a stretch in the lower back. If you are alone when doing the exercise, you may take your knees to your chest.

Image 11 Relax the back and stretch the chest



Lie on a rolled towel placed underneath your spine with your head resting on the towel. Open your arms towards the sides with the palms facing upward. Your knees may be bent with both feet on the floor or both legs can be extended downward depending on what is more comfortable for you. Breathe deeply in this position. Maintain the position for 20-30 seconds. This exercise is recommended to alleviate tension and pressure in the chest, upper back and shoulder area.

Image 12 Stretching of chest while standing



Stand on a doorway and place your elbows at a 90° angle with the sides of the door. Take one step forward with a leg as if you were entering the room for your elbows to stay slightly behind and your chest to be open. Maintain that position for 20 seconds.

Notes: If you have an IV in your chest, this stretching is not recommended if uncomfortable. If you feel pressure due to the surgery, stretch the area of the chest softly after obtaining the approval of your physician. This exercise can also be done in a corner of the living room, bending your elbows at 90° angles, and leaning towards the corner.

ANNEX 10: Exercises for patients operated for breast cancer

Exercises for patients operated for breast cancer

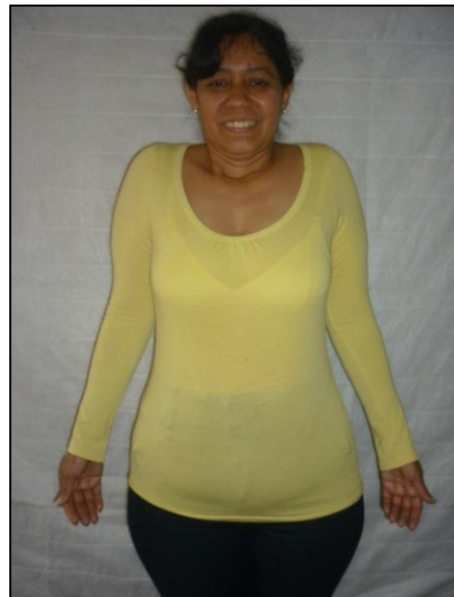
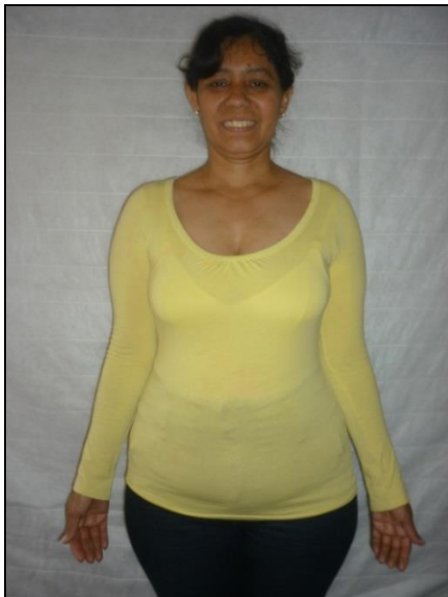
Many women with breast cancer have or have had some type of surgery even though they have also had other types of treatments, such as:

- Breast tumor biopsy
- Biopsy or extirpation of lymph nodes
- Surgery for conservation of the breast (lumpectomy)
- Mastectomy
- Breast reconstruction

We will present some exercises used to recover from breast surgery. The patient must speak with her physician regarding what are the most suitable exercises for her and when she can start practicing them.

Objective: The pain and rigidity caused by surgery may cause weakness and limit the movement of arms and shoulders. Even radiation affects the movement and flexibility of the affected area. It may become difficult for the patient to carry out activities such as getting dressed, bathing or combing her hair. The exercises help reduce the side effects of surgery and help patients return to their normal activities.

Image 1 Shrug of shoulders



Initial Position (left image): While you are sitting or standing, extend the arms to the sides with the palms facing forward.

Action (right image): Raise your shoulders towards your ears. Relax the shoulders and let them fall to their normal position.

Image 2 Shoulder roll



Initial Position (left image): While you are sitting or standing, extend your arms to the sides with the palms facing the front.

Action (right image): Turn your shoulders to the front and from top to bottom.

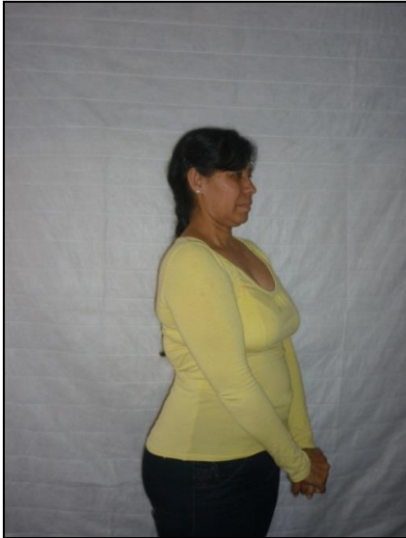
Image 3 Stretching of shoulder blades



Initial Position (left image): While you are sitting or standing, place your arms downward keeping them straight, with the palms facing the front.

Action (right image): Raise your arms and take your hands above your head. Maintain the position for 5 seconds. Repeat 2 or 3 times.

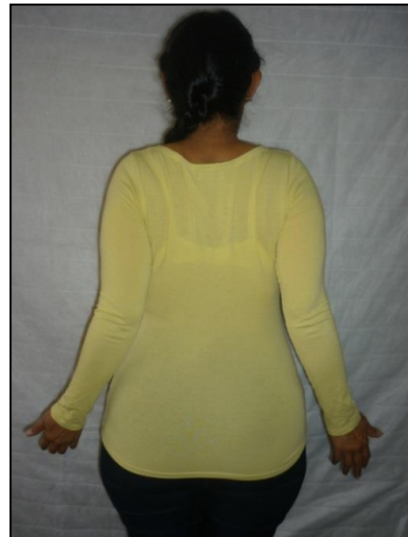
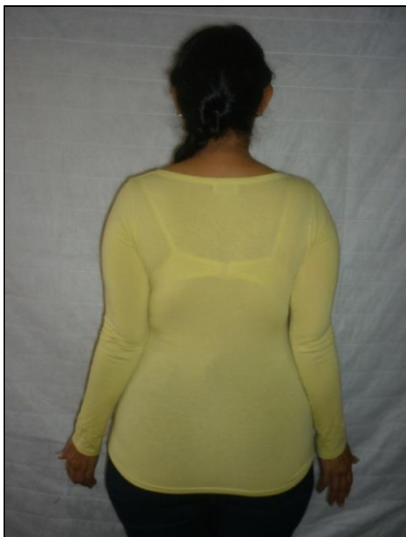
Image 4 Reaching the ceiling



Initial Position (left image): While you are sitting or standing, hold hands and extend your elbows.

Action (right image): Raise your arms towards your head. Maintain that position for 3 seconds. Repeat 2 or 3 times.

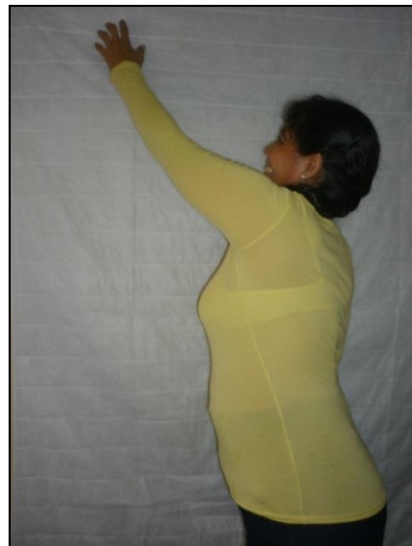
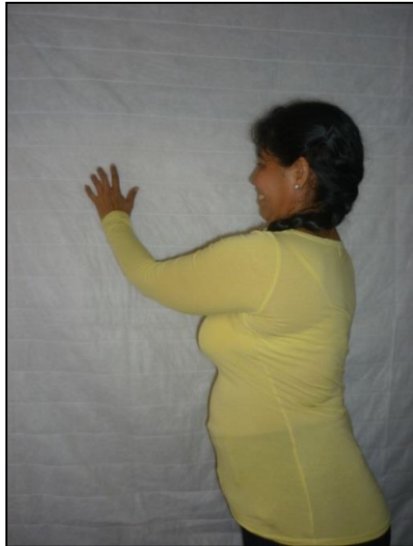
Image 5 Shoulder pinch



Initial Position (left image): Standing, with the arms on the sides of the body.

Action (right image): Take your elbows backwards and squeeze your shoulder blades. Maintain your shoulders backwards and downwards. Maintain that position for 5 seconds. Repeat 2 or 3 times.

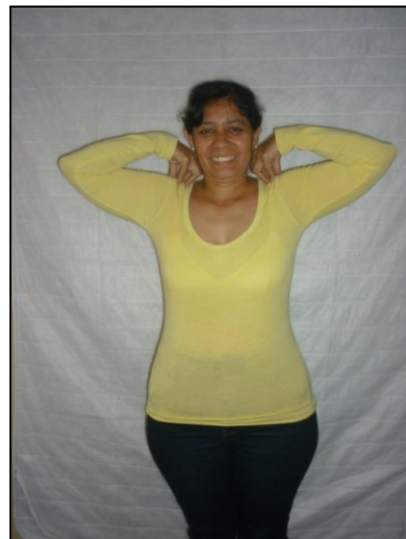
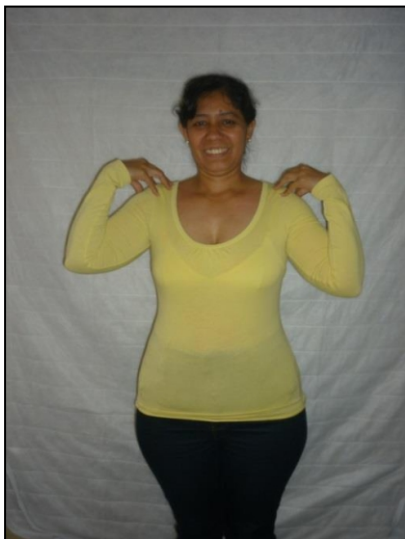
Image 6 Wall climbing



Initial Position (left image): While you are standing in front of a wall, with a hand on the wall.

Action (right image): Walk with your fingers on the wall until you feel a stretch. Maintain that position for 5 seconds. Walk slowly with your fingers, downward, to the initial position. Repeat 2 to 3 times.

Image 7 Elbow circles



Initial Position (left image): While you are sitting or standing, put your right hand over your right shoulder and your left hand over your left shoulder.

Action (right image): Raise your elbows until you feel a stretch. Make circles with your elbows. Start with something small and then make larger circles. Change the direction of the circles. Repeat 2 or 3 times.

ANNEX 11: Initial Contact Format and Action Plan

Complete this format with the patient in the first consultation. Date: ____/____/____

Specify if you are speaking with the: Patient Relative Companion

1. General Data of the Patient

First and last name: _____

ID: _____ MH N°: _____ Age: _____ Sex: Feminine Masculine

Where does the patient live?

Address: _____

District: _____ Province: _____

Reference for address: _____

Telephone numbers(s): _____

Are you currently living at somewhere other than your home due to your illness or treatment? Where?

Family Friends Pension Hotel Shelter Other _____

Who suggested you contact Specify the address:

Do you have any medical insurance Yes No If the answer is yes, specify which one:
Free SIS Independent SIS SIS NRUS ESSALUD Other _____

2. Navigation service

Who suggested us to you? or how did you decide to contact us (patient navigators)?

Hospital physician Private physician Nurse

Social Assistant Pamphlet/flyer Other: _____

Why have you approached us today? _____

Which of the following methods is the most useful and easy way to learn about health for you?

Reading Listening (one on one) Watch a demonstration Other _____

3. Environment

Who is the closest person to the patient or her emergency contact?

First and last names: _____

Address (of the contact): _____

Telephone number(s): _____

People the patient lives with: Husband/partner Children

Parents Grandchildren Alone (o) Other _____

4. Communication plan (Provide the "Communication Plan" pamphlet and discuss)

Have you considered who in your family or inner circle must be involved in the exchange of information regarding your health and medical decision? Specify who:

How do you prefer your physician to share and communicate details regarding your health?

5. Medical data (requested based on the preferences mentioned above)

What is the patient's condition?

Without medical assistance In pre-diagnosis/outpatient In pre-surgery
Operated on _____ Admitted on _____

Diagnosis and/or patient's symptoms: _____

Physician or medical institution: _____

Auxiliary exams and/or pending treatments: Laboratory analysis ☐ X Ray ☐
Mammogram ☐ Scan ☐ Spirometry ☐ Ultrasound ☐ Chemotherapy ☐
Others: _____

6. Barriers for Patient Assistance

Is there any problem or complication that may avoid you attending your medical appointments, treatment or following the instructions of your physicians?

Note for the navigator: Review the list of possible impediments to help the patient identify the complication.

Mark the relevant ones based on the 5 categories and explain:

7. Support Systems

Who do you have available for helping you currently, in your daily life and illness management? What do you need help in? _____

How have your family and other loved ones reacted when you have needed help?

What can these people do to support you? _____

Is there anything else you would like to talk to me about at this time? _____

Action Plan

- Review the POTENTIAL PROBLEMS/ASSISTANCE BARRIERS format to explore the complications of the patient.
- Register the results of each intervention or consultation with the patient.

Name and Identification of the patient: _____

Date: _____

Reason for consultation: _____

Identified impediment/complication: _____

Measure to take: _____

Desired result: _____

Resolution: YES ____ NO _____ Date: _____

Additional comments: _____

Name and Identification of the patient: _____

Date: _____

Reason for consultation: _____

Identified impediment/complication: _____

Measure to take: _____

Desired result: _____

Resolution: YES ____ NO _____ Date: _____

Additional comments: _____

POTENTIAL PROBLEMS / ASSISTANCE BARRIERS
(For exclusive use of navigator)

This list must be used to help identify the complication in the initial consultation. This will help them develop an action plan.

Health insurance / financial problems

- ☐ Insufficient or non-existing insurance coverage
- ☐ Confusing financial documents
- ☐ Need of economic support for medical prescriptions
- ☐ Need of medical equipment or supplies (wheelchair, bandages)
- ☐ Problem of lack of ID or other documents (birth/marriage certificate)
- ☐ Others: _____

Psychological Support

- ☐ Management of distress (fear, anxiety, depression)
- ☐ Management of change in physical aspect
- ☐ Others: _____

Physical needs

- ☐ Care of children/elder people
- ☐ Accommodation/accommodation problems
- ☐ Food, clothing, other physical needs
- ☐ Need of prolonged assistance: at home assistance, residence for the terminally ill, long term assistance
- ☐ Transportation
- ☐ Others: _____

Cultural/communication needs

- ☐ Primary language other than Spanish
- ☐ Incapacity to write/read
- ☐ Difficulty to understand medical information
- ☐ Difficulty to express concerns and desires with the medical staff
- ☐ Difficulty to speak about the illness with family and friends
- ☐ Cultural or religious barriers: _____
- ☐ Others: _____

Illness management

- ☐ Problems of treatment compliance (absence to appointments, refusal to taking medication)
- ☐ Requires mental health services
- ☐ Does not understand the plan or treatment procedures
- ☐ Needs to speak with a health provider (physician, ill person, therapist, etc.)
- ☐ Wishes to have more information regarding: _____
- ☐ Others: _____

[Note for navigator: Complete the list as you find other impediments to consider. Review the directory of resources and support services. It is possible you may need to suggest the patient to ask their physician for a referral.]

ANNEX 12: Agenda

| Training agenda: Navigation for Breast Cancer Patients | | | | | |
|--|---|---|------------------------------|---|-------------|
| Time | Topic | Methods of facilitation/learning | Time | Tools | Facilitator |
| DAY 1: THEORY ABOUT PATIENT NAVIGATION, BREAST CANCER AND RESOURCES | | | | | |
| 8:30-9:00am | Inscriptions Pre-test | Delivery of material | 30 minutes | <ul style="list-style-type: none"> • Pens • Name tags • Registry format • Pre-test | |
| 9:00-9:15am | Welcome words Introduction | Brief introduction: Everyone (trainers and participants) introduce themselves. Review the agenda of the day. | 15 minutes | <ul style="list-style-type: none"> • Laptop • Screen or space on the wall for projection • Microphone • Manual of Reference | |
| Lesson 1 9:15-10:05am | Overall vision: Concept of patient navigation. <ul style="list-style-type: none"> • Navigation objectives • Navigator role • Volunteer role ALINEN Norte | Interactive lesson Questions and answers Brainstorming | 35 minutes 15 minutes | <ul style="list-style-type: none"> • Slides: Number 1 and 10 • Markers • Flip chart sheets • Tape | |
| Break 10:05-10:20am | Getting to know each other I | Recommend everyone to stand up to rest and get to know 1-2 new people if possible. | 15 minutes | <ul style="list-style-type: none"> • Coffee break | |
| Lesson 2 10:20-11:05am | Empowerment | Lesson – Presentation and Interactive | 45 minutes | <ul style="list-style-type: none"> • Slides: Number 2 | |
| Lesson 3 11:05am-12:00pm | Effective communication | Lesson – Presentation and Interactive | 55 minutes | <ul style="list-style-type: none"> • Slides: Number 3 • Three printed stories | |
| Lesson 4 12:00- 12:30pm | Breast cancer | Presentation Questions and answers | 30 minutes | <ul style="list-style-type: none"> • Slides: Number 4 | |

| Training agenda: Navigation for Breast Cancer Patients | | | | | |
|--|---|--|------------|---|-------------|
| Time | Topic | Methods of facilitation/learning | Time | Tools | Facilitator |
| Lesson 5 12:30- 1:30 pm | Insurance for people of low resources • SIS and FISSAL | Presentation Questions and answers | 60 minutes | • Slides: Number 5 | |
| 1:30-2:00 pm | Lunch | | | | |
| Homework: Review units 4-10 | | Self-study Prepare 2 questions about units 2 4-10 | | • Manual of Reference: ○ Units 4-10 ○ Annex 8: Directory of resources | |
| DIA 2: NAVIGATION RESOURCES | | | | | |
| 8:30-8:45am | Attendance registration | Registry format. Review agenda of the day. | 15 minutes | • Registry format • Participant's Guide | |
| 8:45-9:00am | Summary of what was learned | Brief dynamic: Participants write the questions they prepared the day before and results of the reading in small groups. | 15 minutes | • Markers • Flip chart sheets • Tape | |
| Lesson 6 9:00-10:30am | Institutional flowchart: IREN-Norte | Interactive lesson Questions and answers | 90 minutes | • Slides: Number 6 and 9 • Manual of Reference: Unit 7 and 9 • Registry and Flowcharts of Assistance in Breast Health • Annex 8: Directory of resources (from the Manual of Reference) | |
| Break 10:30-10:45am | Getting to know each other II | Recommend everyone to stand up to rest and get to know 1-2 new people if possible. | 15 minutes | • Coffee Break | |
| Lesson 7 10:45-11:15am | Lifestyle • Side effects • Nutrition and exercise | Interactive lesson | 30 minutes | • Slides: Number 7 • Annexes 9 and 10 (Manual of Reference) | |

| Training agenda: Navigation for Breast Cancer Patients | | | | | |
|--|--|----------------------------------|------------|---|-------------|
| Time | Topic | Methods of facilitation/learning | Time | Tools | Facilitator |
| Lesson 8 11:15-12:00pm | Follow up of patients in the Trujillo Network | Presentation | 45 minutes | <ul style="list-style-type: none"> Slides: Number 8 Flowchart for Assistance in Breast Health – Trujillo Health Network and Follow Up Tool for Abnormal CBE and FNA from the document “Registry and Flowcharts of Assistance in Breast Health”. | |
| Lesson 9 12:00pm-12:45pm | Understanding roles <ul style="list-style-type: none"> From the ACS, Responsible of Breast Cancer, Nurse in IREN Norte and Volunteer ALINEN Norte | Explanation of roles | 45 minutes | <ul style="list-style-type: none"> Flowcharts Annex 11: Initial Contact Format and Action Plan (from the Manual of Reference) ANNEX II from the Manual of Reference of Patient Navigation: Pamphlet | |
| Lesson 10 12:45-1:15pm | Training assessment | Post-test Answers | 30 minutes | <ul style="list-style-type: none"> Pens Paper Post-test | |
| 1:15-1:30pm | Establishing commitments | Interactive activity | 15 minutes | <ul style="list-style-type: none"> Writing of commitments on a short- and medium-term basis, sharing of directory with contacts of navigators, communicate changes. | |
| 1:30-2:00pm | Final Speech, Closing and Lunch | Group photograph | 30 minutes | Digital camera | |

ANNEX 13: Pre Test for Navigators of Breast Cancer Patients– IREN Norte, La Libertad Region, Peru

Name: _____ Date: _____

Mark the letter of the answer that you consider to be correct. If you have any doubt regarding a question, you may ask for it to be explained to you.

1. What type of cancer patients are at risk of suffering severe results due to an inadequate detection and preventive assistance, delay in diagnosis and/or unsuitable or late treatment?
 - A. People with little education
 - B. People with low income
 - C. People without insurance
 - D. People with language barriers
 - E. All the above.
2. What is the role of a navigator of cancer patients?
 - A. To diagnose the illness and make medical decisions.
 - B. To oversee the emotional status of the patient.
 - C. To discuss with the patient the reasons for which she has not continued her treatment.
 - D. To support the patient in obtaining access to the health system through an action plan to overcome barriers.
 - E. To pay for services, transportation, and accommodation for the patient.
3. What is patient empowerment?
 - A. A navigator will make decisions for the patient.
 - B. The patient only listens to what health providers say.
 - C. The patient becomes an active person with knowledge of her rights and responsibilities to improve access to the health system.
 - D. Members of the patient's family setting are not included in the patient's decision making.
 - E. The patient agrees with what the navigator recommends.
4. How can a navigator support the patient in having a more effective communication with the medical team?
 - A. Speaking about who should be involved in decision making, according to the preferences of the patient.
 - B. Making a list of health issues and medication the patient is taking.
 - C. Explaining to the patient that asking questions is not disrespectful; it helps the physician to provide adequate, appropriate and high-quality assistance.
 - D. Preparing a list of medical questions, before the consultation.
 - E. All the above.
5. What is the main cause for breast cancer?
 - A. It is the patient's fault for not taking care of her health.
 - B. The cause is unknown, but women are at a higher risk.
 - C. It is caused by an injury in the chest.
 - D. It is caused by taking too much hormone medication.
 - E. It is caused because the woman did not breastfeed her children.
6. How is the "on site carcinoma" breast cancer stage defined?
 - A. It is an uncontrolled growth of cells (tumor) that stay in its place of origin.
 - B. It is when a tumor has spread to the bones.
 - C. It is when a tumor has reached the lymph nodes.
 - D. It is the most dangerous stage in cancer.
 - E. It is the cancer stage that does not require medical assistance.

-
7. From the following options, what is the most difficult case to treat and represents the largest threat to the life of a person?
- A. Benign tumor
 - B. Malignant tumor
 - C. On site carcinoma
 - D. Invasive carcinoma
 - E. Metastatic cancer
8. Which are the treatments available for breast cancer?
- A. Breast exam, Biopsy, Mammogram and Ultrasound
 - B. Surgery, Radiation/X-rays, Chemotherapy and Hormonal Therapy.
 - C. Vitamins and a special diet.
 - D. Exercises and stretching.
 - E. All the above.
9. What ministry includes the Integrated Health Insurance (SIS) as a public insurance with administrative autonomy?
- A. Ministry of Labor
 - B. Ministry of Defense
 - C. Ministry of Health
 - D. Ministry of the Interior
 - E. Institutions of the private sector.
10. What are the important contact points a navigator needs to ensure a patient will have access to the health system?
- A. Physicians
 - B. Administrative staff (assistants, secretaries)
 - C. Higher levels of administration (Ministry of Health/SIS, ESSALUD)
 - D. Ombudsman's Office
 - E. All the above
11. According to the Ministry of Health, the National Institute for Neoplastic Diseases, other public organizations, and Regional Governments, what are the services covered by the Esperanza plan for people registered to SIS?
- A. Early detection
 - B. Definite diagnosis
 - C. Treatment
 - D. Palliative care (pain management)
 - E. All the above.
12. What are the requirements to register in SIS?
- A. Request registration at the closest health center from your home.
 - B. Present an ID to start the register.
 - C. Not have any other medical insurance.
 - D. Verify you are a person in a poverty or extreme poverty scenario based on the criteria of SISFOH
 - E. All the above

-
13. What is the entity in charge of financing treatments for high cost illnesses as well as more common women cancers?
- A. SISFOH (System of Focalization of households)
 - B. MIDIS (Ministry of Development and Social Inclusion)
 - C. FISSAL (Intangible Health Fund)
 - D. UIT (Tax Impositive unit)
 - E. UDR (Regional Decentralized Unit)
14. Which of the following documents are necessary in order to be seen for breast cancer at IREN-Norte?
- A. Active registry sheet for free SIS.
 - B. ID of the patient and her partner.
 - C. Referral sheet to IREN-Norte
 - D. All the above.
 - E. None of the above.
15. What are the days available for seeing breast cancer patients at IREN-Norte?
- A. Monday/Wednesday/Friday
 - B. Tuesday/Thursday/Saturdays
 - C. Only Tuesdays and Thursdays
 - D. Only Mondays
 - E. Every day of the week.
16. When is a person accepted as a patient of IREN-Norte?
- A. When she presents her ID to the security at the door.
 - B. When the 0 sheet is opened in the triage service.
 - C. When a ticket is obtained in the admission window.
 - D. When she pays the cost for assistance in the window.
 - E. When the physician passes the information of sheet 0 to the medical history during the appointment.
17. What is a directory of resources?
- A. It is a list that only describes medical services for cancer.
 - B. It is a list that should be saved by the person in charge of navigation.
 - C. It is a list that includes all the resources available in a community for cancer patients.
 - D. It is a complete list of resources that does not need to be updated with regularity.
 - E. It is a promotion for navigation services for cancer patients.
18. How can the cancer patient adapt her lifestyle to take care of her health?
- A. Exercising to maintain her body and mobility.
 - B. Eating a diet low in fat and many vegetables and fruits.
 - C. Knowing about the recommended control after receiving treatment for breast cancer.
 - D. Requesting family support for daily activities that are difficult or when feeling fatigue.
 - E. All the above.

19. What is a lymphedema?

- A. It is a test to detect for breast cancer.
- B. It is a skin infection that occurs in the part of the body where the radiation will focus on.
- C. It is fatigue that appears after chemotherapy.
- D. It is the swelling of the arm, or even breast, because of the removal of lymph nodes.
- E. It is the moment in a woman's life in which she no longer has menstrual cycles.

20. What is a Treatment Summary for Breast Cancer?

- A. It is a document that describes the control for breast cancer patients.
- B. It is a document that the navigator fills out without consulting the physician.
- C. It is a narration of the experience of the breast cancer patient.
- D. It is the medical history that stays in the archives of the hospital.
- E. It is a document detailing the illness and course of treatment that the patient may have.

ANNEX 14: Post Test for Navigators of Breast Cancer Patients, La Libertad Region, Peru

Name: _____ Date: _____

Mark the letter of the answer that you consider to be correct. If you have any doubt regarding a question, you may ask for it to be explained to you.

1. What type of cancer patients are at risk of suffering severe results due to an inadequate detection and preventive assistance, delay in diagnosis and/or unsuitable or late treatment?
 - A. People with little education
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 - A. To diagnose the illness and make medical decisions.
 - B. To oversee the emotional status of the patient.
 - C. To discuss with the patient the reasons for which she has not continued her treatment.
 - D. To support the patient in obtaining access to the health system through an action plan to overcome barriers.
 - E. To pay for services, transportation, and accommodation for the patient.
3. What is patient empowerment?
 - A. A navigator will make decisions for the patient.
 - B. The patient only listens to what health providers say.
 - C. The patient becomes an active person with knowledge of her rights and responsibilities to improve access to the health system.
 - D. Members of the patient's family setting are not included in the patient's decision making.
 - E. The patient agrees with what the navigator recommends.
4. How can a navigator support the patient in having a more effective communication with the medical team?
 - A. Speaking about who should be involved in decision making, according to the preferences of the patient.
 - B. Making a list of health issues and medication the patient is taking.
 - C. Explaining to the patient that asking questions is not disrespectful; it helps the physician to provide adequate, appropriate and high-quality assistance.
 - D. Preparing a list of medical questions, before the consultation.
 - E. All the above.
5. What is the main cause for breast cancer?
 - A. It is the patient's fault for not taking care of her health.
 - B. The cause is unknown, but women are at a higher risk.
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7. From the following options, what is the most difficult case to treat and represents the largest threat to the life of a person?
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