

# Prospective surveillance model emerges as standard of care for breast cancer treatment

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Early diagnosis and treatment of breast cancer-related lymphedema by a physical therapist can significantly reduce costs and the need for intensive rehabilitation, according to an article published in the January issue of *Physical Therapy* (PTJ), the scientific journal of the American Physical Therapy Association (APTA).

The study, led by APTA member and spokesperson Nicole Stout, PT, MPT, CLT-LANA, compared a prospective surveillance model with a traditional model of impairment-based care and examined the direct treatment costs associated with each program. Treatment and supply costs were estimated based on the Medicare 2009 physician fee schedule. Researchers estimated that treatment for breast cancer-related lymphedema costs \$636.19 a year when the prospective surveillance model was used vs \$3,124.92 for traditional treatment of advanced lymphedema.

The goal of a prospective surveillance model for cancer rehabilitation is to identify impairment at the earliest onset to alleviate impairment or prevent it from progressing. Soon after diagnosis, a physical therapist will perform a preoperative examination to establish a baseline level of function. Follow-up examinations are then conducted postoperatively at 1 month and then 3-month intervals, for up to 1 year. In contrast, a traditional model focuses on treating lymphedema once it has progressed and patients already have [functional limitations](#).

"This study begins to paint a picture of evidence showing that prevention

of [chronic conditions](#) such as lymphedema—using rehabilitation models of care—may result in significant cost savings," said Stout.

Breast cancer-related lymphedema is characterized by abnormal swelling of the arm and hand, which can be disfiguring. A chronic condition, it is associated with decreased arm function, disability, and diminished quality of life. If the condition is not diagnosed early and managed, a patient can be at risk for infection and further shoulder complications.

In place for more than 10 years, the prospective surveillance model was developed at the National Naval Medical Center in Bethesda—now part of the Walter Reed National Military Medical Center—and is the standard of care for all patients diagnosed with [breast cancer](#) at the medical center. Several research articles have been published demonstrating clinical effectiveness of the prospective surveillance model in reducing [lymphedema](#), shoulder morbidity, and fatigue, including the February 2010 article in the journal *Breast Cancer Research and Treatment*.

Although further analysis of indirect costs and utility is necessary to fully assess cost effectiveness, the prospective surveillance model is emerging as the standard of care for breast cancer [treatment](#).

Provided by American Physical Therapy Association

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