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Cancer
 The Breast Cancer Book
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 Previvors
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 Facing the Breast Cancer Gene and Making Life-Changing Decisions
 A Model of Women-centered Practice
 Breast Cancer Screening
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 Management Options in Breast Cancer
 Breast Cancer
 A Mum's Diary of Hope
 A Woman's Decision
 Achieving Evidence-based Patient Choice
 A Trusted Guide for You and Your Loved Ones
 Breast Care, Treatment & Reconstruction, Fourth Edition
 I've Been Diagnosed, Now What?: Courageously Fighting Cancer in the Face of Fear, Uncertainty and Doubt
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 STUDIES OF THE PROCESS OF BREA
 How to Navigate Your Diagnosis and Treatment Options-and Remain Optimistic-in an Age of Information Overload
 Medical Specialists and Cancer Survivors Tell You What You Need to Know
 liberating the NHS
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 My Story My Decision My Journey
 Sharing the Decision
 Shared Decision-making about Treatments for Early Breast Cancer

*Breast Cancer Sharing The Decision Sharing The Decision
 Oxford Medical Publications*

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CHRISTENSEN ALEXIS

Cancer Ballantine Books

For women diagnosed with breast cancer, this book provides inspiration and insight for handling the emotional pain of diagnosis and treatment without fear or anxiety.

The Breast Cancer Book CRC Press

This dissertation, "Studies of the Process of Breast Cancer Treatment Decision Making and Its Impacts on Short-term Adjustment to Breast Cancer in Chinese Women" by Wing-tak, Wendy, Lam, [] [], was obtained from The University of Hong Kong (Pokfulam, Hong Kong) and is being sold pursuant to Creative Commons: Attribution 3.0 Hong Kong License. The content of this dissertation has not been altered in any way. We have altered the formatting in order to facilitate the ease of printing and reading of the dissertation. All rights not granted by the above license are retained by the author. Abstract: Abstract of a thesis entitled Studies of the process of breast cancer treatment decision making and its impacts on short-term adjustment to breast cancer in Chinese women submitted by Wendy Wing Tak Lam for the degree of Doctor of Philosophy at the University of Hong Kong June, 2002 Objectives: (1) Describe the process of treatment decision making (TDM) in breast cancer (BC). (2) Explore to what extent women wish to participate in TDM. (3) Identify factors women consider in TDM. (4) Examine how this process affects psychosocial adjustment to BC. Methods: This study had three phases. Phase I consisted of a qualitative study of 22 women with recently completed breast surgery who completed an in-depth interview designed to study Objective 1. Phase II consisted of a pilot study evaluating the reliability and validity of instruments that measured TDM, self-efficacy (GSeS), patient satisfaction with the medical consultation (MISS), and social adjustment (ChSAS). Phase III consisted of a prospective interviewed-based study designed to study Objectives 2, 3, and 4 with assessment within 5 days, and again at one-month post-surgery. Women completed several instruments including measures of participation satisfaction, choice influence, informational support, expectancy-outcome incongruence (EOI), self-efficacy (GseS), optimism (CLOT-R), psychological morbidity (CHQ-12), social adjustment (ChSAS), and subjective health (CPH and GPH). Subjects: Phases I (N = 22) and III (N = 154): Chinese women recently diagnosed with BC who had completed breast surgery were recruited at six government-funded hospitals. Phase II (N = 226): Chinese women who had a diagnosis of BC and had completed all the associated treatment recruited at a local BC self-help group. Analysis and Findings: Grounded theory analysis of narrative data in Phase I showed that discovery of breast abnormality and emotional responses to BC diagnosis influence the TDM process. The experience of TDM, which was likened to gambling, did not end once the decision was made, but unfolded while waiting for surgery and the post-operative report. Factor analysis was used to assess the construct validity of the instruments in Phase II. Adequate reliability statistics and reasonable construct validity were seen, suggesting the piloted instruments were suitable to use in Phase III. Fifty-nine percent of women in Phase III preferred shared decision-making. Most women had participated as much as they desired, while participation incongruence was associated with having an opportunity to make treatment choices, perceived difficulties and perceived lack of confidence in TDM. Survival was rated as the most important factor women considered in deciding breast surgery. Women having breast conserving surgery rated surgeon's recommendation, sexuality issues, and avoidance of radiation therapy as more important factors in TDM than did women having mastectomy. Results of path analyses indicated that (1) optimism directly effected CHQ-12 and ChSAS, (2) self-efficacy directly effected ChSAS, (3) optimism and self-efficacy indirectly effected CHQ-12 and ChSAS via its effect on EOI, and (4) EOI directly effected CHQ-12 and ChSAS. Optimism had the greatest causal effect on psychosocial adjustment. Post hoc analyses led to the extension of the path model to include

severity of physical sympt

Breast Cancer Answers Oxford University Press

Shared decision-making is increasingly advocated as an ideal model of treatment decision-making in the medical encounter. To date, the concept has been rather poorly and loosely defined. This paper attempts to provide greater conceptual clarity about shared decision-making, identify some key characteristics of this model, and discuss measurement issues. The context for our discussion is life-threatening medical problems such as breast cancer where shared decision-making is important to address because several treatment options exist with different possible outcomes and substantial uncertainty. We argue that informed decision-making does not necessarily lead to shared decision-making, and that strategies designed to increase the former may not increase the latter. We also suggests as key characteristics of shared decision-making 1) that at least two participants physician and patient be involved; 2) that both parties take steps to build a consensus about the preferred treatment; 3) that information is shared and 4) that an agreement is reached on the treatment to implement.

Previvors Breast CancerSharing the DecisionOf all cancers, probably breast cancer is one of the most emotive. Increasingly patients with breast cancer are participating in the surgical and/or medical decision about their treatment. This involvement raises ethical issues about the rights of patients and their ability to give an informed consent, concerns about the process of communication between the medical staff and the patient, and also issues about the psychology of not only the woman with breast cancer, but also the doctor. This book addresses these issues relating to shared decision making and in particular those areas where a choice of treatment option involves some degree of risk/benefit analysis. It covers the ethical principles and then looks at the evidence that women who wish to participate and who are fully informed and who have taken part in the decision making process regarding their treatment, and who have a positive attitude towards their illness, tend to do better in the long run. Appropriate experts have contributed sections on the different treatment options to provide a brief overview of the treatments available and highlight the issues that should be considered by the woman and the doctor in the decision making process. There is also a section on the patients perspective and vignettes throughout to illustrate dilemmas the patient faces and the importance of communication. Written for the surgical, medical and clinical oncologists who deal with breast cancer patients and senior nurses in breast cancer units, this book will also be of interest to trainees practising oncologists, and the women themselves who are interested in the shared decision making process in oncology generally. **Early Breast Cancer Sharing the Decision** A Critical Appraisal ABSTRACT: Great debate surrounds the issue of patients with breast cancer participating in surgical/medical decision making and their ability to give an informed consent. Health care professionals must balance the need to safeguard the rights of patients, respect their autonomy and yet be sensitive to the changes and individual variations a patient may demonstrate as they progress from diagnosis to the end point of their disease. The premise underpinning the study and literature review, reflected in the published works presented here, focuses on a woman's right to access, should she choose, accurate information to make an informed treatment choice based on an exploration of the literature which reviews the ethical issues including autonomy, informed consent, advocacy, communication, access to information, approaches to shared decision making, psychiatric morbidity and evidence based medicine. Objectives of the Study Reflected in the Published Work Presented Here: 1. To determine the acceptability of an interactive video system, in addition to the standard informational care and support provided by the clinicians and clinical nurse specialist, as a means of providing information about the risks and benefits of treatment choices-surgery and subsequent adjuvant chemotherapy - to women with early breast cancer who are facing choices about treating their early breast cancer. 2. To determine whether providing information to women with early breast cancer using an interactive system significantly reduces anxiety and depression associated with the diagnosis and treatment of this condition. 3. To determine whether providing

information using an interactive video system, to women about treatment choices significantly increases patient satisfaction with the choice they have made. To assess this for a two year period patients attending for surgical treatment for early breast cancer were recruited, after full discussion and written consent, into a randomised control trial to evaluate the acceptability and effectiveness of the interactive video system. Eligible patients (100) included all women with an early primary invasive breast cancer who had a genuine choice between treatment options. Patients excluded from recruitment and viewing the Interactive Video (IVD)/Shared Decision - Making Programme (SDP) were all women who did not have a straightforward choice. All patients in the intervention group completed the following: a. Acceptability of the Interactive Video; b. Assessment of Health Status, The SF36 (Ware and Sherbourne 1992) c. The Hospital Anxiety and Depression (HAD) scale (Zigmond & Snaith 1983) After nine months the patients were again asked to complete the three questionnaires but at this point Questionnaire 1. elicits the patient's satisfaction with their treatment choice. Delivering High-Quality Cancer Care Charting a New Course for a System in Crisis Equity and Excellence: Liberating the NHS: Presented to Parliament by the Secretary of State for Health by Command of Her Majesty

Preferences of Older Patients and Clinicians Xulon Press

"Providing comprehensive, current, and reliable information on breast cancer, this book, written by an experienced oncologist, a surgeon, and a breast cancer survivor, informs and inspires readers, wherever they are in the breast cancer experience. Patient stories, essays from medical specialists, and illustrations add clarity and insight"--

Facing the Breast Cancer Gene and Making Life-Changing Decisions Johns Hopkins University Press

An ongoing objective in healthcare is the development of tools to improve patient decision-making and surgical outcomes for patients with breast cancer that have undergone or plan to undergo breast reconstruction. In keeping with the bioethical concept of autonomy, these decision models are patient-oriented and expansive, covering a range of different patient decision-makers. In pursuit of these goals, this dissertation contributes to the development of a prototype shared decision support system that will guide patients with breast cancer and their physicians in making decisions about breast reconstruction. This dissertation applies principles in decision analysis to breast reconstruction decision-making. In this dissertation, we examine three important areas of decision-making: (1) the options available to decision-makers, (2) the validity of probabilistic information assessed from reconstructive surgeons, and (3) the feasibility of applying multiattribute utility theory. In addition, it discusses the influences of breast aesthetics and proposes a measure for quantifying such influences. The dissertation concludes with a fictional case study that demonstrates the integration of the findings and application of decision analysis in patient-oriented shared breast reconstruction decision-making. Through the implementation of decision analysis principles, cognitive biases and emotion may be attenuated, clearing the decision-maker's judgment, and ostensibly leading to good decisions. While good decisions cannot guarantee good outcomes at the individual level, they can be expected to improve outcomes for patients with breast cancer as a whole. And regardless of the outcome, good decisions yield clarity of action and grant the decision-maker a measure of peace in an otherwise uncertain world.

A Model of Women-centered Practice Academic Press

This comprehensive reference delves into the complex process of medical decision making—both the nuts-and-bolts access and insurance issues that guide choices and the cognitive and affective factors that can make patients decide against their best interests. Wide-ranging coverage offers a robust evidence base for understanding decision making across the lifespan, among family members, in the context of evolving healthcare systems, and in the face of life-changing diagnosis. The section on applied decision making reviews the effectiveness of decision-making tools in healthcare, featuring real-world examples and guidelines for tailored communications with patients. Throughout, contributors spotlight the practical importance of the field and the pressing need to strengthen health decision-making skills on both sides of the clinician/client dyad. Among the Handbook's topics: From laboratory to clinic and back: connecting neuroeconomic and clinical measures of decision-making dysfunctions. Strategies to promote the maintenance of behavior change: moving from theoretical principles to practices. Shared decision making and the patient-provider relationship. Overcoming the many pitfalls of communicating risk. Evidence-based medicine and decision-making policy. The internet, social media, and health decision making. The Handbook of Health Decision Science will interest a wide span of professionals, among them health and clinical psychologists, behavioral researchers, health policymakers, and sociologists.

Breast Cancer Screening Springer

If you or someone you love has been diagnosed with breast cancer, you're probably confused, afraid, shocked, or even angry. Or you may be all of the above. Let this book become your trusted manual. Discover more about the cancer, explore treatment options, find ways to make this part of your life easier. Let shared experiences serve as your knowledgeable guide and anchor to help you make wise and confident choices. Think of breast cancer as a journey and this book as your roadmap. Have you already been diagnosed? In that case, this book can help you explore these important truths: Breast cancer is not a death sentence. Most women diagnosed with early stage breast cancer can look forward to enjoying a healthy, full life. Not only are you unique as a person, but so, too, is your particular form of cancer, your treatment options, and your prognosis. Every day more is discovered about how to prevent, detect earlier, and more effectively treat breast cancer. You are not alone. More than two million women in the United States today are breast cancer survivors. Thousands of groups and programs across the country offer support, and chances are, one is close to your neighborhood. All the information in this book is based on the most recent research findings, the clinical expertise of oncologists, and the invaluable experiences of the women who have walked this road before. *Breast Cancer For Dummies* covers all of the following topics and more in simple, easy-to-understand terms: Coming to grips with breast cancer Decoding your pathology report Finding the right treatment for you Rekindling intimacy after treatment Health Insurance and money woes Talking to children about breast cancer This book can help you feel like you have a sister who's a doctor, a sister who tells you what to expect every step of the way, who gives you the best advice she can, and guides you along the way. (Of course, there is absolutely no replacement for advice about you from your own doctor.) You'll feel empowered to know and understand what's going on in your body, so that you can become a part of your own treatment team and make decisions along with your doctors and your family.

Shared Decision Making Diversion Books

Over the past decade health care systems around the world have placed increasing importance on the relationship between patient choice and clinical decision-making. In the years since the publication of the second edition of *Shared Decision Making in Health Care*, there have been significant new developments in the field, most notably in the US where 'Obamacare' puts shared decision making (SDM) at the centre of the 2009 Affordable Care Act. This new edition explores shared decision making by examining, from practical and theoretical perspectives, what should comprise an effective decision-making process. It also looks at the benefits and potential difficulties that arise when patients and clinicians share health care decisions. Written by leading experts from around the world and utilizing high quality evidence, the book provides an up-to-date reference with real-world context to the topics discussed, and in-depth coverage of the practicalities of

implementing and teaching SDM. The breadth of information in *Shared Decision Making in Health Care* makes it the definitive source of expert knowledge for healthcare policy makers. As health care systems adapt to increasingly collaborative patient-clinician care frameworks, this will also prove a useful guide to SDM for clinicians of all disciplines.

Management Options in Breast Cancer John Wiley & Sons

In I've Been Diagnosed, Now What? Courageously Fighting Cancer in the Face of Fear, Uncertainty and Doubt Ms. Nolen, a seven-year survivor of Stage 3 Inflammatory Breast Cancer, shares her journey from uninformed patient to self-advocate. After coming to grips with the diagnosis, she made a conscious decision to get the best treatment available and to bring together the best support team possible. She used a variety of methods, including internet research, word of mouth, and joining support groups to learn how to build a strong medical team and surround herself with a support structure of her family, friends, and social media communities. Now having passed the critical five-year survival mark, Ms. Nolen is sharing her strategies with other survivors who may be feeling isolated and uncertain. With inspiring stories from other survivors, resource lists for every stage of the process, and survivor secrets she learned along the way, readers will be able to build their own community of support and not just survive, but thrive!

Breast Cancer JHU Press

This report discusses patient preference and challenges the NHS to stop 'the silent misdiagnosis' and take more account of patient preferences. It argues that by doing so it will improve not only the service offered to patients but also the performance of the health system as a whole.

A Mum's Diary of Hope John Wiley & Sons

Elderly Care Medicine Lecture Notes provides all the necessary information, within one short volume, for a sound introduction to the particular characteristics and needs of elderly patients. Presented in a user-friendly format, combining readability with high-quality illustrations, this eighth edition has been thoroughly revised to reflect advances in knowledge on how disease presents in elderly people, and changes in management practice, particularly regarding stroke, dementia, delirium, and cancer. New for this edition, *Elderly Care Medicine Lecture Notes* also features: More treatment tables and boxes throughout for rapid access and revision Expansion of material on polypharmacy and prescribing Discussion of emotional support, counselling and spirituality Advice for doctors on breaking bad news and end-of-life care Consideration of ethical and legal issues A companion website at www.lecturenoteseries.com/elderlycare features appendices which can be used as guidelines in a clinical setting, key revision points for each chapter, further reading suggestions, and extended content for specialty training in geriatrics. Not only is this book a great starting point to support initial teaching on the topic, but it is also easy to dip in and out of for reference or revision at the end of a module, rotation or final exams. Whether you need to develop or refresh your knowledge of geriatrics, *Elderly Care Medicine Lecture Notes* presents 'need to know' information for all those involved in treating elderly people.

A Woman's Decision Open Dissertation Press

From an expert in the field comes the definitive guide to managing breast cancer in the information age—a comprehensive resource for diagnosis, treatment, and peace of mind. The breast cancer cure rate is at an all-time high, and so is the information, to say nothing of the misinformation, available to patients and their families. Online searches can lead to unreliable sources, leaving even the most resilient patient feeling uneasy and uncertain about her diagnosis, treatment options, doctors, side effects, and recovery. Adding to a patient's anxiety is input from well-meaning friends and family, with stories, worries, and opinions to share, sometimes without knowing the details of her particular case, when in reality breast cancer treatment has gone well beyond a "one size fits all" approach. Elisa Port, MD, FACS, chief of breast surgery at The Mount Sinai Hospital and co-director of the Dubin Breast Center in Manhattan, offers an optimistic antidote to the ocean of Web data on screening, diagnosis, prognosis, and treatment. Inside you'll discover • the various scenarios when mammograms indicate the need for a biopsy • the questions to ask about surgery, chemotherapy, radiation, and breast reconstruction • the important things to look for when deciding where to get care • the key to deciphering complicated pathology reports and avoiding confusion • the facts on genetic testing and the breast cancer genes: BRCA-1 and BRCA-2 • the best resources and advice for those supporting someone with breast cancer From innovations in breast cancer screening and evaluating results to post-treatment medications and living as a breast cancer survivor, Dr. Elisa Port describes every possible test and every type of doctor visit, providing a comprehensive, empathetic guide that every newly diagnosed woman (and her family) will want to have at her side. Praise for *The New Generation Breast Cancer Book* "One book you need . . . If you're considering your options for treatment or know someone who is, this step-by-step guide, *The New Generation Breast Cancer Book*, is essential reading."—InStyle "Elisa Port, M.D., is the doctor every patient deserves: brilliant and compassionate. Her book will be a sanity saver and, quite possibly, a life saver."—Geraldyn Lucas, author of *Why I Wore Lipstick to My Mastectomy* "As up-to-date as one can get, with lots to offer people facing a cancer diagnosis or hoping to support someone with the disease."—Library Journal (starred review) "The *New Generation Breast Cancer Book* helps you sort through all the information you've gathered, clarify the terminology, consider the options, and make the right decisions for your unique case."—Edie Falco "A lifeline for many women in need of today's most up-to-date choices for treatment . . . Everyone should read this book for themselves, their mothers, grandmothers, daughters, and friends."—Kara DioGuardi, Grammy-nominated songwriter, music executive, and Arthouse Entertainment co-founder "The book is teeming with easy-to-understand medical explanations, tips, takeaways, and pro-and-con discussions of various courses of action. Port also includes two extremely useful appendices that respectively take on common myths and answer questions frequently asked by friends and family. This is a vital read that will empower men and women alike."—Publishers Weekly

Achieving Evidence-based Patient Choice Trapeze

Answers to your patients' most vital, heartfelt questions! For years, *A Woman's Decision* has been the "go-to" reference for doctors, nurses, and patients as they deal with the physical and emotional trauma surrounding breast cancer and reconstruction. Co-authored by renowned surgeons and a noted publisher and medical editor, this popular and authoritative book has become a trusted resource and valuable patient education tool. Featured on numerous national talk shows (including Oprah), the authors candidly discuss the full range of breast care, breast cancer treatment, and breast reconstructive options. Many doctors and breast centers use this book as their preferred method of informed consent. Patients love it, and breast centers, support groups, physicians, and societies recommend it. It is also a great gift for your surgical, oncologic, and radiologic colleagues. This new fourth edition has been totally revised and updated to reflect the latest developments in breast cancer treatment and recent advances in breast reconstruction. Written in an accessible manner, it provides women and their families with the information they need to make decisions about their own health care. Best of all, it takes complex and frightening topics and explains them in an understandable and non-threatening manner, providing women with the knowledge they need to feel confident in their decisions, their therapies, and their caregivers. It covers doctor-patient communication, mammography and breast self-examination, breast lumps, cancer facts and treatment options, and even the effects of breast cancer on relationships with family and friends. New information has been added on genetics and genetic counseling, oncoplastic surgery, new

approaches to chemotherapy and breast irradiation, and new breast reconstruction techniques, including perforator flap reconstruction, reconstruction with the newer gel-filled implants, and prophylactic or preventive mastectomy. In addition to descriptions of the different cancer therapies and reconstructive techniques, the book includes numerous drawings which detail the steps involved for each procedure with preoperative and postoperative photos showing the possible results from the different reconstructive approaches. Fifteen patient interviews provide comfort to patients as they ride the physical and emotional roller coaster of breast cancer treatment, recovery, and reconstruction. Each woman has a unique story to tell with a different focus for each interview and coverage of a wide range of different reconstructive options. Many readers have commented that these interviews were "lifesavers" for them because they took away the fear of the unknown. They were reassured by the comments of other women who had walked in their shoes and offered advice to help cope with their treatments. They also appreciated the candid comments these women made about the different reconstructive therapies, fully sharing their experiences and detailing their decisions, therapies, pain, recuperation, complications, and coping mechanisms. If you know someone who is experiencing the fear and trauma of breast cancer, do her a favor and order this book. A Woman's Decision has become a preferred patient education tool used by plastic surgeons, cancer surgeons, and breast cancer centers worldwide. This sensitive and information-packed book promotes better doctor-patient communication and helps you provide informed consent to your patients, saving you time and money.

[A Trusted Guide for You and Your Loved Ones](#) Oxford University Press, USA

Chronicles the various campaigns waged against breast cancer and its effects on women during the last century.

Breast Care, Treatment & Reconstruction, Fourth Edition Hamilton, Ont. : Centre for Health Economics and Policy Analysis, McMaster University

In the United States, approximately 14 million people have had cancer and more than 1.6 million new cases are diagnosed each year. However, more than a decade after the Institute of Medicine (IOM) first studied the quality of cancer care, the barriers to achieving excellent care for all cancer patients remain daunting. Care often is not patient-centered, many patients do not receive palliative care to manage their symptoms and side effects from treatment, and decisions about care often are not based on the latest scientific evidence. The cost of cancer care also is rising faster than many sectors of medicine--having increased to \$125 billion in 2010 from \$72 billion in 2004--and is projected to reach \$173 billion by 2020. Rising costs are making cancer care less affordable for patients and their families and are creating disparities in patients' access to high-quality cancer care. There also are growing shortages of health professionals skilled in providing cancer care, and the number of adults age 65 and older--the group most susceptible to cancer--is expected to double by 2030, contributing to a 45 percent increase in the number of people developing cancer. The current care delivery system is poorly prepared to address the care needs of this population, which are complex due to altered physiology, functional and cognitive impairment, multiple coexisting diseases, increased side effects from treatment, and greater need for social support. *Delivering High-Quality Cancer Care: Charting a New Course for a System in Crisis* presents a conceptual framework for improving the quality of cancer care. This study proposes improvements to six interconnected components of care: (1) engaged patients; (2) an adequately staffed, trained, and coordinated workforce; (3) evidence-based care; (4) learning health care information technology (IT); (5) translation of evidence into clinical practice, quality measurement and performance improvement; and (6) accessible and affordable care. This report recommends changes across the board in these areas to improve the quality of care. *Delivering High-Quality Cancer Care: Charting a New Course for a System in Crisis* provides information for cancer care teams, patients and their families, researchers, quality metrics developers, and payers, as well as HHS, other federal agencies, and industry to reevaluate their current roles and responsibilities in cancer care and work together to develop a higher quality care delivery system. By working toward this shared goal, the cancer care community can improve the quality of life and outcomes for people facing a cancer diagnosis.

I've Been Diagnosed, Now What?: Courageously Fighting Cancer in the Face of Fear, Uncertainty and Doubt Listo Publications

Since 2002, *The Breast Reconstruction Guidebook* has been the best resource on this topic for women who have had a mastectomy. Equal parts science and support, it is filled with stories that illustrate the emotional and physical components of breast reconstruction. Kathy Steligo, a gifted writer and breast cancer survivor who has twice had breast reconstruction, compassionately answers women's questions about how they will respond emotionally and physically to losing a breast, whether to treat or prevent breast cancer. Steligo provides detailed descriptions of the various surgical options for mastectomy and reconstruction, as well as information on choosing and paying for a surgeon, preparing for and recovering from surgery, and handling the many practical

details and difficult decisions women will face along the way. A road map of the mastectomy and reconstruction journey, this book gives women the comprehensive, unbiased details they need to make their own informed decisions about whether reconstruction—and which reconstructive option—is right for them. Readers learn how breasts can be recreated using implants or their own tissue and the advantages and disadvantages of each option. Surgery timelines, recovery, and potential problems (and how they can be resolved) are also explained. A new foreword by Dr. Minas Chrysopoulou, MD, of the PRMA Plastic Surgery Center for Advanced Breast Reconstruction, highlights the book's strengths and offers a medical perspective on breast cancer and reconstructive surgery. The extensively updated text includes new discussions of • innovative reconstructive procedures • contralateral mastectomy • the benefits and limitations of nipple- and areola-sparing mastectomies • nipple delay procedure • patient-controlled tissue expansion • cohesive gel silicone implants • microsurgical advances that improve tissue flap procedures • fat grafting • nipple reconstruction • nipple and areola tattooing • reconstruction with the BRAVA system • pregnancy after TRAM • male mastectomy and reconstruction • decision making and solving cosmetic and medical post-op problems • surgical procedures that reduce the risk of cancer • the latest research data on mastectomy and reconstruction • and much more

[Treatment, Decision Making and Quality of Life](#) Penguin

Each year approximately 1.5 million people are diagnosed with cancer in the United States, most of whom inevitably face difficult decisions concerning their course of care. Recognizing challenges associated with cancer treatment, the National Coalition for Cancer Survivorship (NCCS) and the National Cancer Policy Forum (NCPF) of the Institute of Medicine (IOM) hosted a public workshop in Washington, DC on February 28 and March 1, 2011, entitled Patient-Centered Cancer Treatment Planning: Improving the Quality of Oncology Care. This workshop summary includes an overview of patient-centered care and cancer treatment planning, as well as subject areas on shared decision making, communication in the cancer care setting, and patient experiences with cancer treatment. Best practices, models of treatment planning, and tools to facilitate their use are also discussed, along with policy changes that may promote patient-centeredness by enhancing patient's understanding of and commitment to the goals of treatment through shared decision-making process with their healthcare team from the moment of diagnosis onward. Moreover, Patient-Centered Cancer Treatment Planning emphasizes treatment planning for patients with cancer at the time diagnosis.

Beat Breast Cancer Like a Boss Trafford Publishing

Breast Cancer Screening: Making Sense of Complex and Evolving Evidence covers broad aspects of breast cancer screening specifically focusing on current evidence, emerging evidence, and issues that will be critical for future breast screening practice such as tailored screening and shared decision-making in breast screening. The scope of the book is relevant to a global audience. This book provides balanced perspectives on this increasingly controversial topic, using scientific evidence to explain the evolution of knowledge relating to breast cancer screening. *Breast Cancer Screening* covers the key points related to this debate including the context of increasingly complex and conflicting evidence, divergent opinions on the benefits and harms of breast screening, and variability in screening practice and outcomes across settings around the world. Explains complex and evolving evidence on breast screening with a balanced approach Provides balanced information and up-to-date evidence in an increasingly complex area Addresses emerging topical issues such as screening trials of digital breast tomosynthesis, tailored breast screening, and shared decision-making in breast screening Assists academics and researchers in identifying areas needing further research

Shared Decision-making Between Breast Cancer Surgeons and Patients National Academies Press

In early stages of cancer, patients are often presented with treatment options and encouraged to have shared treatment decisions with their oncologists. Shared decision making becomes particularly important, as several treatment options with different possible outcomes and adverse events exist. For example, women with early breast cancer are counseled on the options of mastectomy versus lumpectomy and radiation. The same principle should also apply in late stages of cancer, where cure is usually not possible in patients with widespread metastases. In these cases, the aim of treatment should be to relieve symptoms and suffering. Improving quality of life (QOL) rather than tumor control takes priority in palliative care. QOL has also been identified as an important endpoint for new cancer drugs, as determined by the Food and Drug Administration (FDA); as such, cancer drug approval can be based on improvement of QOL. The use of patient-reported QOL instrument tools help clinicians determine if certain treatments improve QOL. The research of palliative interventions should have QOL assessment to assist clinicians, patients and their family members in shared decision making.

Best Sellers - Books :

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- [Why A Daughter Needs A Dad: Celebrate Your Father Daughter Bond This Father's Day With This Special Picture Book! \(always In My Heart\) By Gregory E. Lang](#)
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