

Meeting the Needs of Jewish Women Diagnosed with Breast Cancer with Sharsheret's Thriving Again® Survivorship Program

Adina Fleischmann^{1,*} Elana Silber¹, Sarah E. Murphy², Andrea C. Johnson², Suzanne C. O'Neill², and Kenneth P. Tercyak²

¹Sharsheret, Teaneck, NJ 07666, USA ²Division of Population Sciences, Lombardi Comprehensive Cancer Center, Georgetown University Medical Center, Washington, DC 20007, USA

Background

Young breast cancer survivors (YBCS) are a rapidly growing but understudied group. In 2013, it was estimated that around 13,000 women under the age of 40 would be newly diagnosed with breast cancer¹. Women treated for breast cancer face significant challenges post-treatment, including medical and psychosocial issues that adversely impact their quality of life. Included among this population are women from minority backgrounds, including Jewish women carrying alterations in breast cancer-causing genes. One in 40 Ashkenazi Jewish women carries a BRCA gene mutation, nearly 10 times the rate of the general population. The unique social, cultural, and spiritual needs of Jewish YBCS have received scant attention in the empirical literature, including ways to promote access to tailored survivorship education and support resources.

Objective

The purpose of this study was to describe a community-based resource for Jewish YBCS and to examine women's engagement and satisfaction with the resource components.



Exhibit A: Thriving Again® Survivorship Kit

Methods

The Lombardi Comprehensive Cancer Center undertook a secondary analysis of breast cancer survivor-reported outcome data collected by Sharsheret, a non-profit organization dedicated to serving women of all Jewish backgrounds facing or at risk for breast cancer. Engagement and satisfaction with Sharsheret's Thriving Again® survivorship program was rated using Likert scales. Thriving Again® connects women with culturally-relevant and age-appropriate survivorship information, including:

- Patient education from support staff and online materials
- A survivorship kit (See Exhibit A)
- A survivorship care plan
- Lifestyle resources (e.g., cookbook, exercise DVD).

These resources are tailored to address individual needs.

Results

Approximately 90% of Thriving Again® participants (N=183; M age=50 years, SD=10) self-identified as being Jewish. The majority of women were married (n=126, 69%) and mother to at least one child (n=129, 70%). Participants were highly satisfied with their experience utilizing the program overall (m=4.1, sd=0.84; range=1-5 scale).

Program components had varied levels of engagement, all with high satisfaction: survivorship toolkit (n=151, 83%; m=4.1, sd=0.73), lifestyle resources (n=138, 75%, m=4.2, sd=0.73), education (n=108, 59%; m=4.4, sd=0.65), and survivorship care plan (n=99, 54%; m=4.0, sd=0.86) (See Table A).

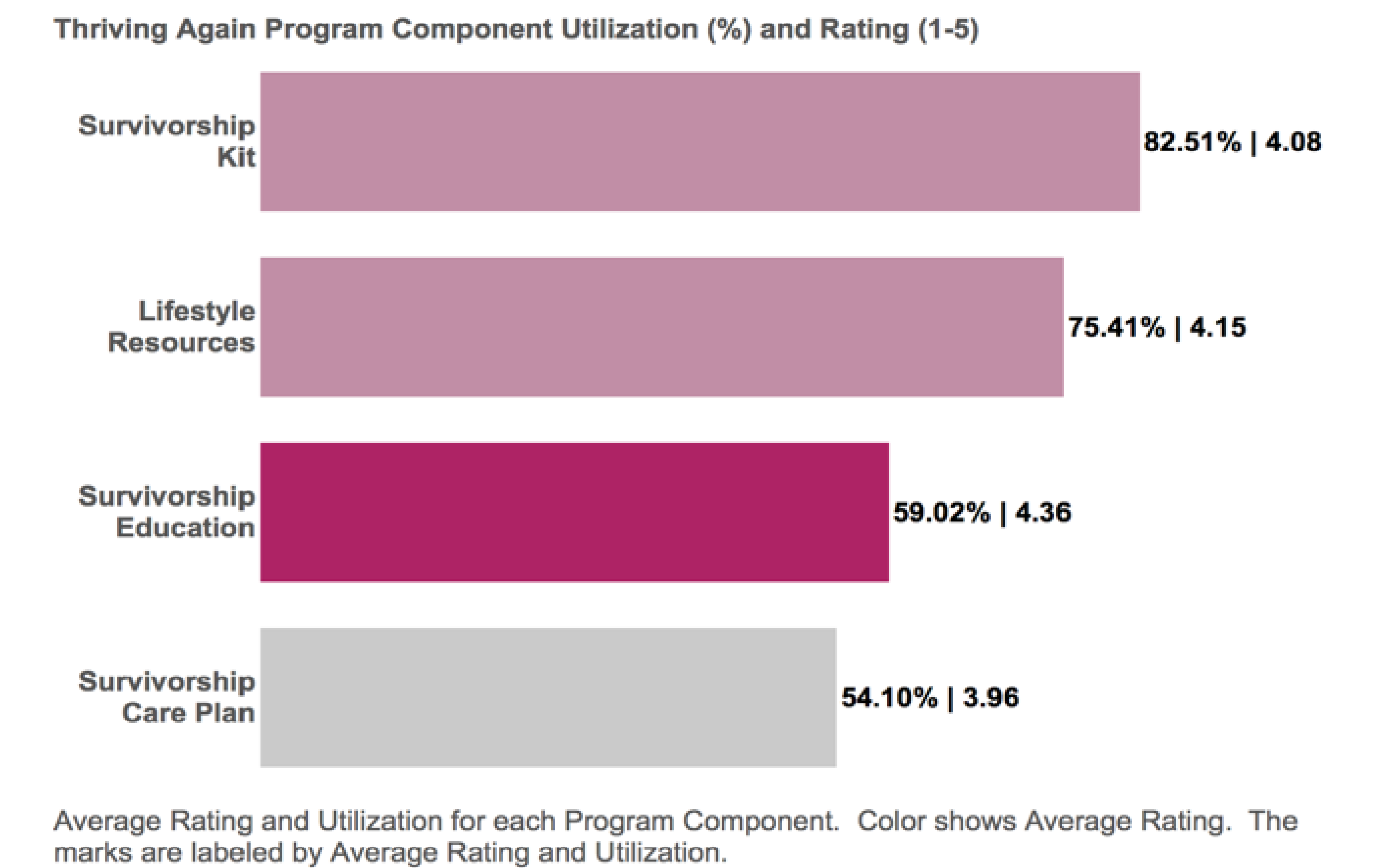


Table A. Thriving Again Program Component Utilization (%) and Rating (1-5) (N=183)

Conclusion

These data affirm the success of the Thriving Again® survivorship program for breast cancer survivors. Key successful elements of the program include patient education and lifestyle resources. This model of support could be enhanced and expanded for further dissemination among this special population. Understanding and addressing potential barriers to adoption can facilitate increased utilization. With the growing demand for effective survivorship resources in the community, health care professionals can utilize Thriving Again® to provide tailored, culturally-relevant support and education to the breast cancer survivors they serve, and replicate the Thriving Again® program components for use by specific populations.

References

¹American Cancer Society. *Breast Cancer Facts & Figures 2013-2014*. Atlanta: American Cancer Society, Inc. 2013.



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