I. Coordination of Care - 26%
   A. Breast health, screening, early detection, risk assessment and reduction
      1. Issues related to special populations (e.g., male, elderly, disabled, adolescent, pregnancy, cultural, ethnicity, healthcare disparities)
      2. Breast Health
         a. Breast anatomy
         b. Hormonal influence
      3. Benign pathology
         a. Anomalies, (e.g., asymmetry, nipple deviation)
         b. Conditions (e.g., mastodynia, fibroadenomas, infection)
      4. Screening and early detection
         a. Imaging modalities
         b. Imaging results (e.g., Breast Imaging Reporting and Data System (BI-RADS))
         c. Screening recommendations based on risk
      5. Elements of a clinical breast exam and lymph node examination
         a. Abnormal physical findings
         b. Education related to breast awareness
      6. Risk assessment
         a. Epidemiology (population based risk factors)
         b. Breast cancer risk prediction models (e.g., Gail Model, Tyrer-Cuzick)
         c. High-risk lesions (e.g., lobular carcinoma in situ (LCIS), atypical ductal hyperplasia (ADH))
         d. Genetic testing
      7. Risk factors
         a. Non-modifiable (e.g., age, gender, prior radiation)
         b. Modifiable (e.g., lifestyle behaviors)
      8. Risk reduction
         a. Interventions to modify risk (e.g., chemoprevention, prophylactic surgery, clinical trials)
         b. Health promotion to reduce risk
   B. Patient Navigation Process
      1. Advocacy
      2. Barriers to care (e.g., financial, cognitive, language, transportation)
      3. Multidisciplinary collaboration
   C. Survivorship
      1. Familial risk assessment and implications for genetic counseling
      2. Rehabilitation (pain, range of motion, lymphedema, cognitive impairment)
3. Survivorship care plan  
4. Physical issues  
   a. Bone health (e.g., fracture, bone density, bone modulating agents)  
   b. Breast/chest wall changes (e.g., cosmesis, skin changes, scarring, reconstruction complications)  
   c. Cardiopulmonary toxicity  
   d. Fatigue  
   e. Lymphedema  
   f. Neuropathy (e.g., peripheral, brachial, chest wall, breast)  
   g. Range of motion limitations  
   h. Secondary malignancy  
   i. Sexual and reproductive issues (e.g., infertility, menopausal symptoms)  
   j. Weight gain  
5. Surveillance  
   a. Breast cancer screening (e.g., local recurrence, new primary)  
   b. Symptom-directed work-up  
   c. Physical examinations  
   d. Surveillance for secondary malignancies  
   e. Risk modification  

II. Diagnosis and Staging - 17%  
   A. Process of carcinogenesis  
   B. Diagnostic procedures and tests  
      1. Imaging modalities  
      2. Imaging results  
      3. Biopsies (e.g., fine needle aspiration (FNA), core, surgical)  
   C. Pathology and tumor characteristics  
      1. Cellular (e.g., grade, histology)  
      2. ER/PR receptor  
      3. HER2 receptor  
      4. Ki-67 (MIB or MIB-1) receptor  
      5. Gene assay (e.g., Oncotype DX)  
      6. Tumor features (LVI, margins)  
   D. Staging criteria (AJCC)  
      1. Clinical (e.g., tumor, node, metastasis (TNM))  
      2. Pathologic (e.g., pTNM)  
      3. Additional studies (e.g., positron-emission tomography (PET), bone scan, computed tomography (CT) scan)
III. **Treatment Modalities: Local and Systemic - 18%**

A. Local treatment modalities: Surgery
   1. Treatment considerations (e.g., performance status, comorbidities)
   2. Breast (e.g., breast conservation, tumor localization, mastectomy)
   3. Axilla (e.g., sentinel lymph node biopsy, axillary lymph node dissection)

B. Local treatment modalities: Surgical reconstruction
   1. Autologous
   2. Implant

C. Local treatment modalities: Radiation therapy
   1. Treatment considerations (e.g., range of motion, wound healing, comorbidities, extent of disease)
   2. External beam
   3. Brachytherapy (i.e., partial breast irradiation)

D. Systemic treatment modalities: (e.g., hormonal, chemotherapy, targeted therapy)
   1. Treatment considerations (e.g., cardiac status, vascular access, bone health, fertility, comorbidities)
   2. Neoadjuvant
   3. Adjuvant
   4. Metastatic

E. Special treatment considerations for:
   1. Triple negative
   2. HER2
   3. Inflammatory breast cancer
   4. Paget’s disease
   5. Malignant phyllodes

F. Treatment consideration for special populations (e.g., male, elderly, disabled, adolescent, pregnancy, fertility preservation, cultural, ethnicity, healthcare disparities, genetic mutations)

IV. **Nursing Practice - 28%**

A. Symptom management (assessment, risk factors, pathophysiology, prevention, education, and management)
   1. Surgical
      a. Wound complications
      b. Arm and shoulder dysfunction
      c. Cording
      d. Lymphedema
2. Medical
   a. Alopecia
   b. Fatigue
   c. Gastrointestinal complications
   d. Myelosuppression
   e. Menopausal symptoms
   f. Cardiovascular complications
   g. Peripheral neuropathy
   h. Cognitive dysfunction
   i. Skin and nail changes
   j. Pulmonary complications
   k. Musculoskeletal issues
   l. Pain
   m. Psychiatric concerns (e.g., anxiety, depression, sleep disturbances)
3. Radiation
   a. Skin changes
   b. Pain
   c. Fatigue
   d. Range of motion
   e. Cardiopulmonary issues
   f. Lymphedema
   g. Infection
4. Complementary and integrative modalities
   a. Exercise
   b. Nutrition
   c. Other modalities (e.g., herbs, acupuncture, massage)

B. Oncologic emergencies (e.g., thromboembolic events, anaphylaxis, sepsis)
C. Palliative care
D. End-of-life care
   1. Legal and ethical issues (e.g., advance directive, medical power of attorney, do-not-resuscitate order (DNR))
   2. Philosophy of hospice care
   3. End-of-life care principles (e.g., pathophysiology, symptom management, family and caregiver support, cultural variations, education)
   4. Spirituality, grief, and bereavement
E. Professional performance
1. Professional practice guidelines (e.g., Oncology Nursing Society (ONS), National Comprehensive Cancer Network Clinical Practice Guidelines in Oncology (NCCN Guidelines®), American Society of Clinical Oncology (ASCO), American College of Radiology)
2. Teaching and learning principles (e.g., adult learning)
3. Community needs assessment, program planning, and health promotion
4. ONS Standards of Education: Patient/Significant Other and Public
5. Advocacy and legislative issues impacting breast care delivery and access
6. Patient resources (e.g., local, state, federal, institutional, and internet)
7. Clinical trials (e.g., phases, accessing trials, elements of informed consent)
8. Quality improvement process (e.g., evidence based practice)
9. Regulatory requirements (e.g., mammography standards, compliance issues)
10. Accreditation standards (e.g., National Accreditation Program for Breast Centers)

V. Psychosocial and Spiritual - 11%
   A. Influence of culture, spirituality, gender, sexual preference, age, and healthcare disparities on psychosocial response across the continuum of breast care
   B. Psychosocial components related to breast health
   C. Altered body image
   D. Reproductive and sexual health
   E. Emotional state (e.g., anxiety, depression, fear of recurrence, family conflict, survivorship guilt)
   F. Socioeconomic considerations related to screening, diagnosis, treatment, and follow up
   G. Coping strategies (patient and healthcare provider)
   H. Principles of stress response and crisis management
   I. Psychosocial assessment (e.g., related to spiritual, sexual, distress, coping, family function, relationship role changes, and quality of life)
   J. Communication strategies and issues (e.g., active listening, clarification, family dynamics)