

Family, friends may impact breast cancer surgery decision, study finds

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About three-quarters of women newly diagnosed with breast cancer have a friend or family member with them at their first visit with a surgeon. And that person plays a significant role in the patient's decision of what type of surgery to have, according to a new study from the University of Michigan Comprehensive Cancer Center.

The study looked at factors affecting a woman's choice between a mastectomy to remove the entire breast or breast-conserving surgery, which involves removing only the tumor and is followed by radiation treatments. It found that when the patient, rather than the doctor, drives the surgery decision, the patient is more likely to choose a mastectomy. This proved to be the case among all racial and ethnic groups.

The paper appears online Aug. 31 in the *Journal of the National Cancer Institute*.

The study also found that women who had a friend or family member accompany them to the surgical consultation were more likely to receive a mastectomy, compared to women who attended the appointment alone. Latinas who speak little English were most influenced by family in their decision-making: 75 percent, compared to 34 percent of white women.

"Family and friends have a potentially important role in treatment discussions. More than 70 percent of women brought someone with them to the appointment, providing a chance for surgeons to convey information to both the patient and her support person. Clearly, others

help with and contribute to decision making, and may do so differently for different racial or ethnic groups," says lead study author Sarah Hawley, Ph.D., M.P.H., research associate professor of internal medicine at the U-M Medical School.

Researchers also found that factors such as concern about cancer recurrence, body image and the effects of radiation impacted a woman's surgery decision. Women who said that concerns about recurrence or radiation were very important in their surgical treatment decision-making were more likely to choose mastectomy, while women very concerned about body image were more likely to have breast conserving surgery.

"We want to ensure a woman's decision is high quality, which means it's based on accurate knowledge about treatment risks and benefits and is consistent with the underlying values of the patient," Hawley says.

The researchers plan to develop a decision tool to help women and their families understand the surgical decision, and future studies will look at the issues important to patients and their spouses around decision making.

Methodology: Researchers analyzed survey responses from 1,651 [women](#) diagnosed with early stage [breast cancer](#) in the Detroit and Los Angeles metropolitan areas. Patients were selected from each city's Surveillance Epidemiology and End Results database, which collects information about cancer incidence, treatment and mortality.

Patients were asked about their surgical treatment decision, including how involved they were in the decision making, whether a family member or friend accompanied them to the appointment and their attitudes toward surgery. Higher numbers of African Americans and Latinas were included.

More information: [Journal of the National Cancer Institute](#), Vol. 101, No. 19, Oct. 7, 2009; published online ahead of print Aug. 31, 2009

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