

Health care professional's recommendation important factor for chemoprevention decisions

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A health care professional's recommendation was the most important factor driving decisions by women at high risk for breast cancer on whether to take selective estrogen receptor modulators (SERMs).

The study was published in *Cancer Prevention Research*, a journal of the American Association for Cancer Research.

Breast cancer is the most common cancer among [women](#) worldwide and in the United States. Two FDA-approved SERMs, tamoxifen and raloxifene, have demonstrated they can reduce [breast cancer](#) risk by up to 50 percent in prevention clinical trials, but low adoption of SERM use continues to be an issue, Holmberg explained.

In a study to quantify the factors influencing SERM use among women at [high risk](#) for breast cancer, the researchers surveyed 1,023 American women in community care settings.

Study participants were asked to complete a survey at two time points: immediately after the counseling session with a [health care](#) professional, and then after they decided to take a SERM or not. The surveys examined topics discussed by [health care professionals](#), including the range of treatment options for risk reduction, the risks and benefits of SERMs, and whether the information was conveyed by numbers or words. The researchers also collected patients' input on a range of social,

cultural, and psychological factors.

Of the 726 women who made a decision, 324 (44.6 percent) decided to take a SERM and 402 (55.4 percent) decided not to. The [health](#) care professional's recommendation played a statistically significant role and was the most important factor influencing the decision. Other associated factors included attitudes about taking medication, worry about developing breast cancer, trust in the health care professional, having a family member with blood clotting issues, and knowledge about the experiences of others who had taken SERMs. Menopausal status was not a determining factor.

"We were surprised how clear-cut our findings were. The health care professional's recommendation to take a SERM was paramount. None of the other characteristics related to the counseling session came close in importance," said Holmberg. "We also found that the health care professional's recommendation for taking a SERM was more likely to be followed by women with a positive attitude about taking medication."

"Our research suggests that it is not enough to present medical facts and information about risks and benefits of SERMs to patients who have an increased risk for breast [cancer](#)," Holmberg added. "Helping them find the prevention approach that is right for them is crucial. Health care professionals need to take patients' attitudes, beliefs, and experiences into account and make a recommendation, one way or the other."

The main limitation of the study was that the researchers did not verify actual SERM use or adherence to a regimen by women who reported they had decided to take a SERM. Further, the large number of women indicating an interest in SERM use may reflect that they were already in clinical care for [breast cancer risk](#).

Provided by American Association for Cancer Research

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