Contralateral prophylactic mastectomy decision-making in the population-based iCanCare study of early-stage breast cancer patients: Knowledge and physician influence.

Meeting:
2015 ASCO Annual Meeting

Category:
Breast Cancer—Triple-Negative/Cytotoxics/Local Therapy

Subcategory:
Local Therapy

Session Type and Session Title:
Poster Discussion Session, Breast Cancer—Triple-Negative/Cytotoxics/Local Therapy

Abstract Number:
1011

Citation:
J Clin Oncol 33, 2015 (suppl; abstr 1011)

Author(s):
Reshma Jagsi, Sarah T. Hawley, Kent A. Griffith, Nancy K. Janz, Allison W. Kurian, Kevin C. Ward, Ann S. Hamilton, Steven J. Katz, Monica Morrow; University of Michigan Health System, Ann Arbor, MI; Center for Bioethics and Social Sciences in Medicine, University of Michigan, Ann Arbor, MI; University of Michigan, Ann Arbor, MI; Stanford University Medical Center, Stanford, CA; Emory University, Atlanta, GA; University of Southern California, Los Angeles, CA; Memorial Sloan Kettering Cancer Center, New York, NY

Background: Contralateral prophylactic mastectomy (CPM) use is increasing in women who are not at increased risk of contralateral cancer development and will experience no survival benefit from the more morbid procedure. Little is known about treatment decision-making or provider interactions. Methods: We surveyed patients newly diagnosed with breast cancer in 2013-14, identified through the population-based SEER registries of Los Angeles and Georgia, about 6 months after diagnosis, to determine receipt of diagnostic tests and factors related to the decision about surgery (including knowledge and perceived physician recommendation). Survey return is ongoing with an expected final response rate > 70%; current response rate 68%. Results: Nearly half of 1949 respondents with unilateral cancer considered CPM (20% very strongly, 6% strongly, 9% moderately, 10% weakly). Only 37% of those who considered CPM knew that it does not improve survival for all women with breast cancer (23% believed it does, 49% didn’t know). Among women receiving CPM, 36% believed it generally improves survival. Ultimately, 1138 (58%) received BCS and 811 (42%) mastectomy (387, or 20% overall, with CPM). On multivariable analysis, pts who received CPM were younger, more likely to be white, and more likely to have a family history, private rather than Medicaid insurance, and received MRI. Even among pts without a deleterious genetic mutation or family history in multiple relatives (1,849), 354 (19%) received CPM; CPM was uncommon among pts who reported that their surgeons recommended against it (3.7% [13/649]) but much higher (22.7% [197/869]) among those who reported no surgeon recommendation regarding CPM and (58.7% [138/235]) among those who perceived their
surgeons to have recommended it. **Conclusions:** Many patients consider CPM, but knowledge is low and discussions with surgeons appear incomplete. Use of CPM is substantial among patients without clinical indications but is low when patients report their surgeon recommended against it. More effective discussion and navigation about CPM is needed to reduce potential overtreatment. Funding: P01-CA-163233.

Source URL: [http://meetinglibrary.asco.org/content/150549-156](http://meetinglibrary.asco.org/content/150549-156)