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**Decision making in older
women with primary
breast cancer:
The trade-off of the risks
and benefits of
treatments.**

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Breast Cancer Treatment Decision-Making in Older Age

- Breast cancer treatments: mastectomy, breast conservation surgery/radiotherapy and primary endocrine therapy present a **'preference sensitive decision'** for older women with a diagnosis of primary breast cancer (Elwyn, Frosch and Rollnick 2009).
- Each treatment carries specific benefits and threats (VanderWalde and Hurria 2012).
- Patient's priorities, values and preferences should be considered to ensure a 'quality decision' is made (Hawley, Lantz, Janz et al 2007 and Case, O'Leary, Kim et al 2015).
- Healthcare professionals require a good understanding of how patients make treatment decisions and what influences their choice (Husain, Collins, Reed and Wyld 2008).

Study design

- Aim: To explore what influences older women's treatment decisions for primary breast cancer
- Prospective, Grounded Theory methodological approach
- Sample:
 - Women over the age of 70 years old
 - Primary breast cancer (stage I/II)
 - Choice of Breast conservation surgery or mastectomy or primary endocrine therapy
- In-depth qualitative interviews
- Two data collection points: time of diagnosis and six months after treatment
- Constant comparison data analysis was utilised

Findings

- N=31
 - 15 mastectomy
 - 10 breast conservation surgery/radiotherapy
 - 6 primary endocrine therapy
- Considered themselves decision maker, preferred shared decision role.
- Decisions were made quickly.
- No decision regret six months after treatment.



Findings

Trade-Off: Risks/Benefits of treatment options

'No More' Minimising Impact of Treatment

Maintaining
independence,
functioning & quality of
Life

Not being a burden

'No Less' Optimising Outcome of Treatment

Need to be cancer free/
Reducing Recurrence

Not ready to die

Avoiding future additional
treatment

Having a contingency plan

Context of Ageing

Conclusion

Although participants considered similar risks and benefits of the three treatment options, their values and priorities were weighted differently in terms of importance.

The risks and benefits of treatment were traded off to select treatment considered necessary to **optimise quantity of life without compromising quality of life.**

Healthcare professionals need to explore and establish individual patients preferences, values and priorities related to the specific situation in order to improve preference sensitive decision-making.

There is opportunity to develop tailored, age-specific decision-making interventions which encompass the assessment of a patient's preferences, values and priorities to assist older women to appraise the treatment options and consider the risks of breast cancer treatment to make an individualistic choice.

References

- Case SM., O'Leary J., Kim N., Tinetti ME., and Fried TR. (2015). Older Adults' Recognition of Trade-Offs in Healthcare Decision-Making. **Journal of the American Geriatrics Society**. 63(8):1658-62.
- Elwyn G., Frosch D., and Rollnick S. (2009). Dual equipoise shared decision making: definitions for decision and behaviour support interventions. **Implement Sci**. 18:4:75.
- Hawley ST., Lantz PM., Janz NK., Salem B., Morrow M., Schwartz K., Liu L., and Katz SJ. (2007). Factors associated with patient involvement in surgical treatment decision making for breast cancer. **Patient Educ Couns**. 65(3):387-95.
- Husain LS., Collins K., Reed M., and Wyld L. (2008). Choices in cancer treatment: a qualitative study of the older women's (>70 years) perspective. **Psycho-Oncology**. 17(4):410-6
- VanderWalde A., and Hurria A. (2012). Early breast cancer in the older woman. **Clin Geriatr Med**. 28(1):73-91.



Any Questions?