Patient Satisfaction with Decision-Making for Breast Cancer Therapy

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Background: Many sources have suggested that mastectomy is inappropriately performed too frequently for breast cancer, leading to excessive patient dissatisfaction and unnecessary mutilation. Hurried decision-making based on inadequate information has been proposed as an explanation.

Methods: After confirming the diagnosis of breast cancer, patients were informed of the diagnosis, prognosis, and treatment options according to a standard protocol. The protocol was similar to that used by many surgeons in similar circumstances. Six months after completion of either mastectomy or breast conservation therapy, patients were surveyed about their satisfaction with the decision-making process and choice of treatment.

Results: The majority of patients, whether they had undergone mastectomy or breast conservation, thought they had been adequately informed of treatment options and that they had made the appropriate choice of therapy. A significant percentage of mastectomy patients found that procedure more disfiguring than anticipated, but still thought they had made the appropriate choice of therapy. Despite having been informed to the contrary, most patients said their chosen treatment provided the best chance for cure.

Conclusions: When informed of the diagnosis and treatment options in an unhurried, supportive setting, and when encouraged to seek further consultations as desired, breast cancer patients make appropriate therapeutic choices about mastectomy or breast conservation therapy.

Key Words: Breast cancer—Therapy—Breast conservation—Patient satisfaction.
formed of the diagnosis of cancer may result in hasty choice of an inappropriate treatment. Even though a large amount of information on breast cancer therapy is available to patients, much of this information may be confusing and even contradictory. Surgeons’ bias in favor of mastectomy has also been proposed to contribute to the frequency of patient choice of mastectomy (4). Patients may perceive a need for haste in treatment decision, producing further pressure and confusion. These factors may lead to patients undergoing the “more mutilating and expensive operation” (4) and experiencing excessive pain and later regret at being permanently deformed by the more extensive surgery.

The present study was performed to determine whether, when provided with accurate information in a supportive manner, patients make appropriate treatment decisions. “Appropriate” was defined as fulfilling two criteria: (a) consistent with medically acceptable standards of care, and (b) not producing regret after completion of therapy. Much of the printed information on patient choice of breast cancer therapy, whether in the lay press or medical journal editorials, is based on opinion rather than direct response from patients. The present study was designed to analyze the opinions of those who personally made treatment decisions and completed their chosen form of therapy.

To minimize the impact of surgeons’ bias toward a particular therapy, three methods were employed. First, a standardized information protocol was used to describe information deemed necessary to make an appropriate choice of therapy. Second, patients were encouraged to obtain consultation with a radiation oncologist and medical oncologist. Finally, no decision about therapy was made at the time the patient was initially informed of the diagnosis; instead, patients were advised to return at a later session to review information and make a decision on therapy. Although bias cannot be completely eliminated, this procedure for providing information was thorough, balanced, and unhurried.

**MATERIALS AND METHODS**

Clinical stage I and stage II patients of two surgeons (SMW and PAW) were included who were considered appropriate for either modified radical mastectomy or breast conservation surgery and radiotherapy (1). The women were all private practice patients, but represented a wide diversity of educational and socioeconomic status. Domicile varied from urban (Philadelphia and Harrisburg, Pennsylvania) to suburban and rural. Patients were made aware of their diagnosis and treatment options according to the protocol. After histologic confirmation of the diagnosis of breast cancer by either fine-needle aspiration, core-needle biopsy, or open breast biopsy, patients were informed of the diagnosis and prognosis in the surgeon’s office. Standard treatment options of lumpectomy/axillary node dissection/radiotherapy or modified radical mastectomy were described, including anticipated pain, inconvenience, period of disability, and recuperation. Patients were informed that expected survival would be equivalent with either choice, and that choice of primary therapy would have no effect of the need for adjuvant therapy. With the expectation that retention of information would be low at the time the patient was initially informed of the diagnosis, she was encouraged to return for a later visit accompanied by a family member or friend for further discussion. Patients were also encouraged to obtain consultation with a medical oncologist and radiation oncologist. Many patients used supplemental sources of information: American Cancer Society publications, lay literature, and opinions of friends. No attempt was made to control or monitor use of these sources. Definitive surgery was typically undertaken 6 or 7 days after the patient was initially informed of the diagnosis. Surgery was performed by either Dr. Weiss or Dr. Wengert, both with extensive experience in breast surgery. Mastectomy was performed using a transverse incision and included levels I and II axillary dissection. Breast conservation surgery was performed to obtain microscopically tumor-free margins, and axillary dissection was typically performed through a separate incision and encompassed levels I and II nodes. Radiotherapy was administered by a board-certified radiologist or radiation oncologist using megavoltage photon therapy to the entire breast with an electron boost to the tumor bed.

Six months or more after completion of therapy (including surgery, radiotherapy, and adjuvant chemotherapy if any), a survey was conducted. Patients were first contacted by telephone and inquiry was made to request their participation. Survey questions were as follows.

Do you feel that sufficient information was provided to allow you to make an appropriate decision?
Would you have liked more time to make a decision?