Grounded Theory Study of How Women With Early Stage Breast Cancer Choose Contralateral Prophylactic Mastectomy

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ABSTRACT

Increasing numbers of women in the United States with the first diagnosis of sporadic early stage unilateral breast cancer are choosing contralateral prophylactic mastectomy rather than surveillance of their healthy breast seemingly against the general advice of experts in the field, best evidence, and medical/lifestyle options for risk reduction.

In a healthcare environment which promotes patient engagement and favors patient's values, goals, and preferences over such expert advice and best evidence, the process of making such an irreversible and life-changing surgical decision needs to be more fully understood.

The goal of this grounded theory study is to expand nursing knowledge of women's decision-making within the existing social context as a base for health policy development, expansion of nurse's roles, and empowerment of women.

REVIEW OF THE LITERATURE*

Previous studies have served primarily to advance our understanding about **which** women choose contralateral prophylactic mastectomy but not **how** women engage in the decision-making process

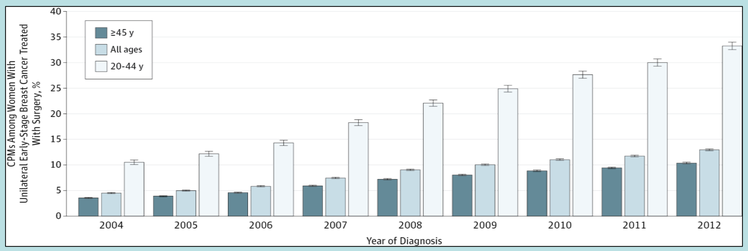
*limited by methodological approach

PURPOSE

To explore the process of how women choose contralateral prophylactic mastectomy

METHOD

Grounded theory methodology is ideally suited to discovering what is "really going on"



For the majority of women with Stage I or II breast cancer, the absolute 20-year survival benefit of contralateral prophylactic mastectomy has been calculated as less than 1% among all age, ER status, and cancer stage groups

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REFERENCES

- Baker, S. K., Mayer, D. K., & Esposito, N. (2013, January-March). The contralateral prophylactic mastectomy decision-making process. *Plastic Surgical Nursing*, *33*(1), 11-20. http://dx.doi.org/10.1097/PSN.0b013e3182842424
- Boughey, J. C., Attai, D. J., Chen, S. L., Cody, H. S., Dietz, J. R., Feldman, S. M., ... Margenthaler, J. A. (2016, July 28). Contralateral prophylactic mastectomy (CPM) consensus statement from the American Society of Breast Surgeons: Data on CPM outcomes and risks. *Annals of Surgical Oncology*, *23*(10), 3100-3105. http://dx.doi.org/10.1245/s10434-016-5443-5
- Giuliano, A. E., Boolbol, S., Degnim, A., Kuerer, H., Leitch, A. M., & Morrow, M. (2007). Society of Surgical Oncology: Position statement on prophylactic mastectomy. *Annals of Surgical Oncology*, *14*(9), 2425-2427. http://dx.doi.org/10.1245/s10434-007-9447-z
- Glaser, B. G. (1978). *Theoretical sensitivity*. Mill Valley, CA: The Sociology Press.
- Gradishar, W. J., Anderson, B. O., Balassanian, R., Blair, S. L., Burstein, H. J., Cyr, A., ... Kumar, R. (2017, April). NCCN Guidelines Insights; Breast Cancer, Version 1.2017. *Journal of the National Comprehensive Cancer network*, *15*(4), 433-451. Retrieved from https://www.ncbi.nlm.nih.gov/pubmed/28404755
- Institute of Medicine. (2013). *Delivering high-quality cancer care: Charting a new course for a system in crisis*. Retrieved from http://iom.nationalacademies.org/Reports/2013/Delivering-High-Quality-Cancer-Care-Charting-a-New-Course-for-a-System-in-Crisis.aspx
- King, T. A., Sakr, R., Patil, S., Gurevich, I., Stempel, M., Sampson, M., & Morrow, M. (2011). Clinical management factors contribute to decision for contralateral prophylactic mastectomy. *Journal of Clinical Oncology*, *29*(16), 2158-2164. http://dx.doi.org/10.1200/JCO.2010.29.4041
- Kummerow, K., Du, L., Penson, D. F., Shyr, Y., & Hooks, M. A. (2015). Nationwide trends in mastectomy for early-stage breast cancer. *JAMA Surgery*, *150*(1), 9-16. http://dx.doi.org/10.1001/jamasurg.2014.2895
- Kurian, A. W., McClure, L. A., John, E. M., Hoen-Ross, P. L., Ford, J. M., & Clarke, C. A. (2009, Aug 5). Second primary breast cancer occurrence according to hormone receptor status. *Journal of the National Cancer Institute*, *101*(15), 1058-65. http://dx.doi.org/10.1093/jnci/djp181
- Nash R, Goodman M, Lin CC, et al. State Variation in the Receipt of a Contralateral Prophylactic Mastectomy Among Women Who Received a Diagnosis of Invasive Unilateral Early-Stage Breast Cancer in the United States, 2004-2012. *JAMA Surg*. 2017;152(7):648–657. doi:10.1001/jamasurg.2017.0115
- Tuttle, T. M., Haberman, E. B., Grund, E. H., Morris, T. J., & Virnig, B. A. (2007, November 20). Increasing use of contralateral prophylactic mastectomy for breast cancer patients: A trend toward more aggressive surgical treatment. *Journal of Clinical Oncology*, *25*(33), 5203-5209. http://dx.doi.org/10.1200/JCO.2007.12.3141
- Tuttle, T. M., Jarosek, S., Habermann, E. B., Arrington, A., Abraham, A., Morris, T. J., & Virnig, B. A. (2009, March 20). Increasing rates of contralateral prophylactic mastectomy among patients with ductal carcinoma in situ. *J Clin Oncol*, *27*(9), 1362-1367. http://dx.doi.org/10.1200/JCO.2008.20.1681
- Yao, K., Stewart, A. K., Winchester, D. J., & Winchester, D. P. (2010). Trends in contralateral prophylactic mastectomy for unilateral cancer: A Report from the National Cancer Data Base, 1998-2007. *Annals of Surgical Oncology*, *17*(10), 2554-2562. http://dx.doi.org/10.1245/s10434-101-1091-3