Supporting women as they make decisions about risk-reducing breast surgery: A multi-disciplinary approach

Thank you..

We would like to acknowledge the invaluable contribution of our patients and colleagues across cancer services from whom we have learnt so much about the complexity of decision-making in risk-reducing breast surgery and who have hugely influenced our clinical practice.
Aims

- Consider psychological factors that influence decision-making for risk-reducing surgery
- Understand the role of psychology supporting women considering RRM (what we offer, how we can help)
- Overview of British Psychological Society guidance

- Rate of requests for RRM have increased significantly in recent years (Tuttle et al., 2007; Nichols et al., 2011)
- For all risk groups (in Beesley et al., 2013)
- The decision is complex, personal and irreversible
Motivation for RRM: clinical risk?

- Don’t know, or want to know their risk
- Over-estimate risk of cancer
- Underestimate complications of surgery
- Pursue RRM to eliminate anxiety associated with mammograms
- Responsibility to ‘do all I can’
- See RRM as a way to reduce risk of secondary recurrence
- Seek surgery to improve cosmesis / reduce pain

How decisions about risk-reducing breast surgery are made

- Decision on emotional grounds
- Choosing RRM largely made easily unless patients had fears of the procedure itself… ‘no brainer’
- Patients motivated by fear of breast cancer, and the need to avoid potential regret
- Nearly half (Beesley et. al, 2013) cite improved symmetry as a reason for surgery
- Many described deliberation after the decision.

Beesley et al., (2013); Brown et al. (2017)
Brown et al. (2017) suggest that when choices for risk-reducing surgery are made emotionally these can be respected as autonomous decisions, provided patients have considered objective risks and benefits.

‘The inescapable emotionality of a patient’s decision does not mean that it cannot be respected as valid. The corollary is that patients need to be supported to make, or review, these decisions.’ (Brown et al., 2017)

‘Patients’ subjective sense of vulnerability overwhelmed their appreciation of risk so that regardless of the level of risk they found this risk intolerable’ (Beesley et al., 2013)

So should the decision for surgery be driven by patient choice?
Psycho-social outcomes

- Most report improvement or stability in self-esteem, femininity, sexual relationships, cancer-related anxiety (Geiger et al., 2006)

- But:
  - Surgery = complex and chest / breasts will look & feel different.
  - Up to 50% complication rates (Arver et al., 2011)
  - Regret and dissatisfaction 4-16% (in Beesley et al., 2013)

Importance of women being informed, supported, and having realistic expectations

Role for psychology

- NICE CG164 – ‘referral for appropriate genetic and psychological counselling before surgery’

- But previously little guidance on our role...
  - Gate-keeper?
  - Sounding board?
  - Facilitator? Advocate?
  - Sense-makers?
All medically suitable patients should be invited to a 1:1 psychology consultation.
So what is the role of psychology consultation?

Role of psychology consultation

- Explore motivation for surgery
- Background factors (e.g. understanding risk)
- Understanding procedure and expectations
- Body image, sexual intimacy and reactions of others
- Preparation for surgery and promoting recovery
- Expectations of life post-surgery
- Psychological wellbeing
- Informed decision-making
- Clarifying support needs
- Feedback, recommendations, and next steps
Role of psychology consultation:

It is important that psychologists are not seen as the ‘gate keepers’ to surgery, but rather are there to support and facilitate decision-making with the aim of achieving the best possible surgical adjustment’ (BPS, June 2018)

Outcome of the consultation

- Psychology report - feedback to the MDT
- Formulation and recommendations
- Follow-up
- Specialist 1:1 psychological interventions
Value of psychological consultation for the patient?

"From the moment I saw the psychologist, I was totally reassured. We talked through my hopes and expectations for surgery, and she really did help me confirm I had made the right decision for all the right reasons. The support did not stop there either, she gave me so many coping tools which enabled me to sail through my operation and recovery, and I could not have done it without her. I now know why this wonderful service is necessary; it is such an integral part of the journey."

Value of psychological consultation for the team?

Braude et al. (2017) suggest that:

‘Psychological consultation could potentially reduce time demands on surgery and facilitate more informed decision making by providing a forum for discussion of emotional issues, decision-making, and assisting the patient to identify questions for their surgeon. Subsequently, it may reduce the need for long-term psychological intervention following mastectomy, and therefore result in a reduction to overall healthcare costs. As such, pre-surgical psychological consultations are potentially cost-effective in the risk-reduction setting’ (p.106).
References


