Breast and Ovarian Cancer Risk Management Practices Among Female BRCA1/2 Carriers: Facilitators and Barriers to Recommended Follow-Up Care

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BACKGROUND

- Approximately 5-10% of breast cancers are inherited, most commonly due to mutations in BRCA1 or BRCA2 (BRCA).
- BRCA carriers have a 60-70% risk of developing breast cancer, 50% or more risk of developing a second breast cancer, and up to 44% risk of developing ovarian cancer.
- Risks may be reduced by 90% or more (i.e., to below that of the general population) through preventive options such as removal of breast tissue and ovaries.
- National Comprehensive Cancer Network guidelines for cancer risk management (CRM) include:
  1. Breast CRM: annual mammogram and breast MRI with contrast or risk-reducing mastectomy
  2. Ovarian CRM: risk-reducing salpingo-oophorectomy

OBJECTIVES

- To examine the uptake of CRM practices among females at-risk for hereditary cancers, in particular those with a BRCA mutation, regardless of a cancer diagnosis.
- To expand our understanding of barriers and facilitators to appropriate follow-up cancer care among high-risk women with a BRCA mutation.
- To inform follow-up cancer care decision-making patterns and health-seeking behaviors among high-risk women with a BRCA mutation.

METHODS

- Demographic/clinical updates and family sharing practices were collected from 186 BRCA carriers (regardless of a cancer diagnosis) recruited from prior Vanderbilt studies.
- A sub-group of 24 BRCA carriers were purposively selected for in-depth phone interviews based on CRM strategies, family sharing practices, and self-identifying as African American and Hispanic/Latina.

RESULTS

- Nineteen women were interviewed, with a mean age of 46.6 years (range: 23-73).

INTERVIEW THEMES

Decision-Making Patterns

Fear of Surgical Procedures/Recovery: “...I stop and think about I know other people who have gone through that and they have had so many complications behind it...so there again too I don’t want to put my family through all of this again because my baby sister...she was diagnosed in 2003; she did the mastectomy and as far as reconstructive, she was doing the trans flap and she passed away about 2 days after the surgery.”

- BRCA1+ age 60 breast cancer at 45

Facilitators for Care

- BRCA2+ age 63 no cancer

Support System: "I had a very good support system, not only my family but close friends...whether it is just your clergy...I had my coworkers you know things of that nature.”

- BRCA1+ age 60 breast cancer at 45

Perceived Susceptibility: “I had to have a mastectomy on the right side, and then when he asked me about the left, I said, "I'm BRCA2 positive. Isn’t that a no-brainer?" You know, so I just went ahead and did the other too.”

- BRCA2+ age 64 breast cancer at 39

Perceived Severity: “I would definitely do it again because I understand what ovarian cancer [is]; how serious that is and how hard it is to catch until it’s at the end.”

- BRCA2+ age 38 breast cancer at 29

REFERENCES
