

Risk Assessment of First-Degree Relatives of Women With Breast Cancer: A Feasibility Study

Gail J. Hurt, RN, MAEd, LPC, Richard P. McQuellon, PhD, Robert Michielutte, PhD, Daragh M. Conrad, MS, Seth Carter, BS, and Heidi Anderson, MD

Purpose/Objectives: To measure psychological distress and test the feasibility of a psychological intervention to reduce distress in patients undergoing risk assessment.

Design: Descriptive.

Setting: A comprehensive cancer center located in the southeastern United States.

Sample: 20 first-degree relatives of women diagnosed with breast cancer (\bar{X} age = 42; range = 21–70) completed the risk assessment process. Three were lost to follow-up at three months, leaving a total of 17 evaluable patients.

Methods: Data collection was by means of family/medical history forms and questionnaires administered at baseline and one and three months. Participants were randomized to either a control group consisting of standard education about risk for breast cancer or to an intervention group consisting of standard education plus a psychological intervention designed to teach stress-management skills.

Main Research Variables: Psychological distress, depressive symptoms, intrusive thoughts about breast cancer, and perceived risk for developing breast cancer.

Findings: Delivery of a psychological intervention proved feasible. Although no statistically significant differences existed between the intervention and control groups on distress and depressive symptoms, the intervention group reported fewer intrusive thoughts about breast cancer at follow-up. Risk did not predict anxiety levels. A large majority (73%) of the women overestimated the risk of breast cancer at baseline.

Conclusions: This study demonstrated the feasibility of a multidisciplinary team approach to breast cancer risk assessment and counseling and management of psychological distress in first-degree relatives of women with breast cancer. The data suggest that a psychological intervention may reduce cancer-specific psychological distress in women at increased risk for breast cancer.

Implications for Nursing Practice: Oncology nurses can play an important role in the delivery of interventions to educate and reduce distress in women undergoing breast cancer risk assessment.

Key Points . . .

- ▶ Oncology nurses can play a vital role in providing accurate information and education about breast cancer and individual risk for developing this disease.
- ▶ With appropriate training, oncology nurses can collect a detailed family history, construct a family pedigree, calculate breast cancer risk, and counsel women about risk for developing breast and ovarian cancer.
- ▶ Actual risk for breast cancer is not always predictive of psychological distress.
- ▶ A psychological intervention may reduce cancer-specific psychological distress in women at increased risk for breast cancer.

to breast and ovarian cancer have led to an explosion of media coverage about breast cancer. Unfortunately, magazine and newspaper articles, television specials, and news broadcasts may raise awareness but confuse consumers because increased attention does not always translate into accurate understanding (Rubin, 1996; Russell, 1993). Previous research indicates that many women with a family history of breast cancer perceive their personal risk for the disease to be much higher than it is (Lerman, Kash, & Stephanie, 1994; Lerman & Schwartz, 1993).

Gail J. Hurt, RN, MAEd, LPC, is the associate director for patient education and clinical services for the Cancer Patient Support Program at the Comprehensive Cancer Center and associate director of the Breast Cancer Risk Assessment and Counseling Clinic, Richard P. McQuellon, PhD, is the director for Psychosocial Oncology and Cancer Patient Support Program at the Comprehensive Cancer Center, Robert Michielutte, PhD, is a research professor for the Department of Family and Community Medicine, Daragh M. Conrad, MS, is a genetics counselor for the Department of Pediatrics, and Seth Carter, BS, is employed at the Comprehensive Cancer Center, all in the School of Medicine at Wake Forest University in Winston-Salem, NC. Heidi Anderson, MD, is employed in the School of Medicine at the University of Cincinnati in OH. (Submitted February 2000. Accepted for publication February 29, 2001.)

The advent of genetic testing for breast and ovarian cancer predisposition has created heightened public awareness. The perception of a breast cancer epidemic coupled with the discovery of genes that confer susceptibility