



Why Women Are Choosing Bilateral Mastectomy

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The rate of women choosing to have a bilateral mastectomy as a treatment for unilateral breast cancer has increased since the 1990s, particularly among younger women. This article describes a qualitative study that was conducted to explore this decision-making process.

At a Glance

- Many women interviewed about their choice to undergo a bilateral mastectomy for the treatment of unilateral breast cancer expressed their desire to never again experience breast cancer.
- The science does not support prophylactic removal of the healthy breast in women diagnosed with unilateral breast cancer who do not have the *BRCA1* or *BRCA2* mutation.
- Nurses can be advocates for women with breast cancer by acknowledging their concerns, speaking positively about a woman's right to choose her treatment, and offering comprehensive education so that women can make informed, evidence-based choices.

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Actress and director Angelina Jolie Pitt has drawn much attention to the idea of undergoing surgery to prevent a cancer diagnosis. Her choices, including a bilateral mastectomy two years ago and a recent surgery to remove her ovaries and fallopian tubes, carry a certain seductive logic: the possibility of preventing cancer before it develops. Her rationale is easily and universally understandable, and a clear and cogent scientific rationale exists for her surgery. As a woman who inherited a *BRCA1* mutation, Jolie Pitt's risk of developing cancer is greatly increased: a 55%–65%

risk of developing breast cancer and a 39% risk of developing ovarian cancer by age 70 years (National Cancer Institute, 2015c). *BRCA* mutations are rare in the general population, with an estimated 1 in 400 individuals to 1 in 800 individuals, depending on ethnicity, carrying a mutation in *BRCA1* or *BRCA2* (Hall et al., 2009).

In the past two decades, the number of women who have chosen to remove both breasts after being diagnosed with cancer in one breast has risen dramatically (Balch & Jacobs, 2009; Dragun et al., 2013). In a study based on a national

sample from Commission on Cancer-accredited cancer centers, Pesce, Liederbach, Czechura, Winchester, and Yao (2014) found that the rate of prophylactic removal of the healthy breast in women aged younger than 45 years who had been diagnosed with unilateral breast cancer had increased from 9% in 2003 to 24% in 2010. The rationale for this surgical removal of the healthy breast may be similar to Jolie Pitt's decision to proactively remove a body part that is likely to become cancerous. However, the science does not justify the surgery for women who do not have the *BRCA1* or *BRCA2* mutation.

Evidence-Based Practice

In the 1980s, the results of a large randomized clinical trial of surgical treatment alternatives for early-stage breast cancer found that women who were treated conservatively with a lumpectomy followed by a course of radiation therapy were as likely to survive the disease as were women who had a mastectomy (Fisher et al., 1985). The lumpectomy was significantly less disfiguring, and a woman did not need to consider plastic surgery or a prosthetic device to once again look “normal” in clothes. However, studies found that physicians did not rush to change their practices after the trial results were made public (Mac Bride et al., 2013). As a result, laws were passed in at least 20 states requiring physicians to inform patients of the available surgical options, and women were encouraged to choose their treatment, or at least to play an active role in treatment decision making (Katz & Hawley, 2007). Unlike most diseases, breast cancer, particularly