

Breast Cancer Survivors Weigh In On Treatment Options



(NAPSA)—Physicians delivering a diagnosis of breast cancer often face a shocked and confused patient. While helping a woman navigate through these intense emotions, physicians must also provide complex education on the wide variety of treatment options now available.

The discussions between doctor and patient are significant. A woman's treatment choice at this critical juncture can change her future prognosis. How she is counseled, how she processes the information and which treatments are offered can be essential factors for a healthy future.

Unfortunately, the dynamic between patient and doctor is rarely studied and often misunderstood, which is why Research to Practice, a medical education company based in Miami, Fla., decided to examine the values and perspectives of women with breast cancer. The group hoped to shed light on the patient-doctor exchange and demonstrate that some women would prefer more options during counseling.

To begin the project, Neil Love, M.D., President of Research to Practice and a medical oncologist, held "Town Hall" meetings in New York, N.Y., Miami, Fla. and Houston, Texas for breast cancer survivors and their loved ones. During these daylong meetings, more than 1,200 participants were asked, via an anonymous handheld keypad polling, about the different factors used to make their initial treatment choices (all participants

were at least one year from primary diagnosis). The women were also surveyed about their overall comprehension of discussions they had with their doctors and interest in participating in clinical trials. Utilizing a panel of renowned breast cancer research leaders, Love presented various medical scenarios to them and asked participants to vote on which treatment they would choose if faced with a similar diagnosis.

"We wanted to evaluate the complicated alternatives available to women during initial diagnosis, and how physicians can effectively present and discuss the options," Love said. "By analyzing how an individual woman perceives the risks and benefits of common therapeutic interventions—such as chemotherapy and hormonal therapy—physicians will be better able to guide patients through the difficult decision-making process."

The survey resulted in several surprising outcomes. A large percentage of women with breast cancer would choose to undergo chemotherapy, even if it only minimally reduced the risk of breast cancer mortality. For example, 56 percent of women would undergo four to six months of potentially toxic chemotherapy for a one percent reduction in the risk of dying of breast cancer.

Another major finding related to choice of hormonal therapy in women with tumors containing estrogen-receptors. In postmenopausal scenarios, many sur-

vivors preferred treatment with the aromatase inhibitor Arimidex (anastrozole) in lieu of a more traditional approach with tamoxifen. More of the attendees preferred the side effect profile of anastrozole and the likelihood that this therapy would be preferred increased significantly as the risk of relapse in the theoretical scenario increased.

In pre-menopausal, high-risk situations, attendees chose a combination of tamoxifen and ovarian suppression. Both hormonal interventions have demonstrated promising results in recent clinical trials.

Many women also wanted to receive counseling from their physicians about the option of adjuvant Herceptin (trastuzumab) in high-risk situations, despite unproven benefit. Most also indicated that they would not agree to participate in a clinical research study evaluating this intervention because they were unwilling to have a random assignment of the therapy.

"This information will help us decipher how patients make choices in regards to treatment options," Love said. "It also sends a message to physicians to be open to the idea of presenting all options to their patients."

Research to Practice is a medical education group based in Miami, Fla. specializing in physician and allied health professional education. For additional information on the results contact Brian Moss at 305-377-2828.