

## PATIENT CONSULTATION

A physician's counsel may be a key determinant in a patient's decision to proceed to preventative surgery. Julian-Reynier et al. have correlated the effects of pre-test intentions with the speed and rate of uptake of preventive bilateral mastectomy and preventive oophorectomy following the disclosure of genetic testing.<sup>14,16</sup> Women who had already made their decision proceeded to prophylactic surgery at a faster rate and were likely the recipients of sufficient information and counselling to ensure an informed decision-making process. Conversely, it has been suggested that the failure of physicians to discuss and endorse surgical interventions might be perceived by women as an indirect recommendation against this therapeutic option.<sup>16</sup>

## AT A MULTIVARIATE LEVEL

Treatment decisions based on positive genetic testing for BRCA1/2 mutation are multifactorial. Additional variables impacting these results include level of education, socioeconomic status,

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the stigma of a cancer diagnosis specific to country and/or culture, preferences of a partner or other family members, personal circumstances (e.g. employment, finances, family responsibilities), the perceived risk and benefit of invasive surgery, and importantly, the perceived incurability of ovarian or breast cancer.<sup>16,18</sup> It has been suggested that emotional rather than cognitive factors may fuel opinions about the effectiveness of ovarian and breast cancer treatment as perceptions about the curability of these cancers

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have been shown to not meaningfully be associated with education level. On the other hand, more highly educated women have been shown to consider a wider range of issues when opting for preventive surgery. Supplementary investigations are necessary to gain a more comprehensive understanding of the connection between education, taking into consideration a patient's understanding of hereditary cancer, and uptake of prophylactic interventions.<sup>16,18</sup>

## CONCLUSION

It is clear that a myriad of factors may influence patient uptake of risk-reducing surgeries. It is likely that gaps in the knowledge base of patients have adversely impacted the adoption of life saving strategies that might benefit BRCA1/2 carriers. Additional educational efforts should be directed towards French-Canadian, Bahamian, Ashkenazi Jewish, and other ethnic groups known to have a high risk of carrying a BRCA mutation.<sup>2,3,16</sup> Physicians should involve BRCA1/2 mutation positive patients in the psychologically-sensitive and patient centered decision-making process intended to inform carriers of the pros and cons of cancer risk-reduction options, including prophylactic oophorectomy and prophylactic bilateral mastectomy. ■

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