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Bridging the Age in Breast Cancer: An analysis of the decision-making preferences of older women with operable breast cancer in the UK.

Jenna Morgan¹
Geoffrey Holmes²
Sue Ward²
Charlene Martin¹
Maria Burton³
Riccardo Audisio
Kwok-Leung Cheung
Alistair Ring
Malcolm Reed¹
Lynda Wyld¹

Introduction

The use of primary endocrine therapy (PET) as an alternative to surgery for older women with operable breast cancer is common in the UK, with patient preference often reported as a factor. The aim of this analysis was to examine the concordance between patients' preferred and actual decision styles, and their relationship with treatment received.

Methods

A prospective observational cohort study of women ≥ 70 years diagnosed with operable breast cancer in 56 UK units.

Data were collected on treatment received and patients' preferred and actual DM styles for their breast cancer treatment using a validated questionnaire instrument.

Concordance between preferred and actual DM preferences was assessed using Kappa, and associations between age, treatment and DM style calculated using Chi-squared.

Results

2889 ER+ patients had data available to analyse and 2496 (86.4%) were treated with surgery, 393 (13.6%) with PET. Preferred and actual decision preferences are shown below with concordancy highlighted in bold:

Preferred decision type	Actual decision type			Total
	Doctor centred	Shared	Patient-centred	
Doctor-centred	873	130	88	1091
Shared	236	652	186	1074
Patient-centred	54	70	600	724
Total	1163	852	874	2889
Agreement = 73.6%; Kappa = 0.60, $p < 0.001$; agreed values in bold				

Patients treated with PET had more patient-centred decisions (42.2%) compared surgical patients (42.2% vs 28.4%, $p < 0.001$). Discordancy (more/less involvement in the decision than desired) was seen in 26% (764/2889).

Conclusions

Patients had a moderate likelihood of achieving their preferred DM-style. These results suggest that some of the PET may be due to patient choice.