Breast cancer diagnosis requires a series of complex treatment decisions related to type of treatment and side-effect profile. Research findings suggest that, for some women, these decisions are made with inadequate knowledge about the risks and benefits of treatment options (Fagerlin et al., 2006; Hawley, Fagerlin, Janz, & Katz, 2008; Janz et al., 2008). These decisions may be made in haste (Frosch & Elwyn, 2011) and can result in significant decision regret, distress, or remorse, which is true particularly for vulnerable patients such as racial and ethnic minorities (Brehaut et al., 2003; Hawley, Janz, et al., 2008; Sheehan, Sherman, Lam, & Boyages, 2007). The Institute of Medicine’s (2001) definition of patient-centered care includes recognizing patients’ medical needs while also incorporating their preferences and allowing them to guide decisions. This definition has been expanded to highlight the importance of significant others in medical decision making (Conway et al., 2006; Edgman-Levitan, 2003; Epstein & Street, 2011; Johnson et al., 2008; Shaller, 2007). However, little empirical research exists focusing on the contribution of significant others to the breast cancer treatment decision-making process.

Although women with breast cancer have reported valuing the opinions of others across the continuum of breast cancer treatment (Gilbar & Gilbar, 2009; Hawley et al., 2009; Öhlén, Balneaves, Bottorff, & Brazier, 2006; Stiggelbout et al., 2007), studies suggest that the involvement and influence of others may vary among different racial and ethnic groups. For instance, the research team previously found that Latina patients more often reported strong influences of family and friends in treatment decisions; however, Caucasian patients more often reported the strong influence of their spouses (Hawley et al., 2009). Maly, Umezawa, Leake, and Silliman (2004)