Engaging in Medical Vigilance: Understanding the Personal Meaning of Breast Surveillance

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Mutations in the BRCA1 or BRCA2 genes account for 80% of hereditary breast cancers. Women with those mutations have a 36%–85% lifetime chance of developing breast cancer (National Comprehensive Cancer Network [NCCN], 2011). High-risk women hold a substantially elevated lifetime cancer risk burden compared to the average 12% risk of breast cancer in American women (National Cancer Institute, 2010).

Criteria suggesting hereditary breast cancer risk include a personal or close familial history of early-onset breast cancer (i.e., prior to age 50), ovarian cancer, or male breast cancer, or being of Eastern European descent (NCCN, 2011). Women are identified as high risk through evaluation of personal and familial risk factors and may undergo genetic counseling or testing based on that evaluation. Women identified as high risk for hereditary breast cancer through either evaluation mechanism are encouraged to practice surveillance through breast awareness or breast self-examinations, mammography, breast magnetic resonance imaging (MRI), and clinical breast examinations, as well as to consider chemoprevention or prophylactic surgery if indicated (NCCN, 2011). Breast surveillance begins at a younger age than general population breast screening, often at 25 years or based on clinical recommendations and the age at onset of cancer occurring within the family (NCCN, 2011).

Women with knowledge of a potential hereditary breast cancer risk often seek opportunities to enhance their health and control their cancer risk (Hamilton, Williams, Skirton, & Bowers, 2009). Therefore, women may choose to follow surveillance recommendations, thus interacting with the healthcare system about every six months for evaluation.