Instrumental Relating and Treatment Decision Making Among Older Women With Early-Stage Breast Cancer

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Although the average age of a woman diagnosed with breast cancer is 61 years, 57% of breast cancer-related deaths from 2003–2007 were among women aged 65 years and older (Surveillance Epidemiology and End Results, 2010). Thus, breast cancer-related mortality, the second leading cause of malignancy-related deaths among women overall, disproportionately affects women aged 65 years and older (American Cancer Society [ACS], 2011). Although some treatment regimens are superior to others, efficacious therapy for early-stage breast cancer is dependent on several factors, such as tissue type, degree of differentiation, and invasiveness. Even when evidence shows some treatments are superior, the wide array of therapies available poses challenges to decision making for older adults (Peters, Diefenbach, Hess, & Västfjäll, 2009). Affected women may need to choose between and among surgical therapies, including lumpectomy, mastectomy, and reconstruction; and focused medical interventions, such as radiation, chemotherapy, and hormonal therapies for early-stage malignancies. Balancing those therapeutic choices against a background of the unique age-related issues complicates individual treatment decision making among older women with breast cancer (Peters et al., 2009; Pieters, Heilemann, Grant, & Maly, 2011).

Women 65 years and older with breast cancer receive suboptimal care (Silliman, 2003, 2009). Preexisting comorbid disease, problems with transportation, urgency to receive treatment for a life-threatening disease, and a determination to preserve independence are known to complicate decision making among older women with breast cancer (Pieters et al., 2011; Sinding, Wiernikowski, & Aronson, 2005). Moreover, oncologists feel discomfort and communicate differently with older women with early-stage breast cancer, which creates additional complexities (Institute of Medicine [IOM], 2007; Step, Siminoff, & Rose, 2009).

Women’s preferences, as expressed through shared decision making, have shaped the type of surgical treatments available for early-stage breast cancer (Morrow et