

HEALTH CARE

Research Review

Insights for Employers

WHY WOMEN CHOOSE DOUBLE MASTECTOMY

A PCORI-funded study examines the impact of treatment choices on women's cancer distress, body image.



DOUBLE MASTECTOMY RESEARCH REVIEW

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The **Patient-centered Outcomes Research Institute (PCORI)** began funding research in 2012 and a growing number of the studies are now producing important results that are being published in peer-reviewed journals or presented at scientific meetings. This particular study covers the expected psychosocial outcomes for women with breast cancer who choose double mastectomy which includes the removal of the unaffected breast, also called contralateral prophylactic mastectomy (CPM).

Researchers wanted to see how double mastectomy affects a patient's mental and social well-being. When Lead Investigator Abenaa Brewster, MD started practicing medicine in 2002, only patients who had BRCA mutations received double mastectomies. As part of this study, Dr. Brewster found that the **number of women choosing double mastectomies has been increasing over the past two decades by 150%.¹**

PCORI Findings

The research team compared two groups: patients who had both breasts removed and patients who had part or all of the breast with cancer removed but kept their unaffected breast. For those patients who chose double mastectomy, research showed they experienced:

- Less worry about their cancer
- More concerns about body image
- A lower quality of life



“Patients have a very emotional reason for requesting double mastectomy. They want peace of mind”

Abenaa Brewster, MD
PI, PCORI-funded research study

INSIGHTS FOR EMPLOYERS

RESEARCH FINDINGS OVERVIEW

► Outcomes/Risk Factors

Choosing double mastectomy can reduce the risk of contralateral breast cancer and be associated with a gain in quality-adjusted life expectancy and disease-free survival in younger women who have early-stage breast cancer and a history of breast cancer in first-degree relatives.⁵ However, even in this subgroup, double mastectomy offers only a minimal overall survival advantage with unclear the long-term possible psychosocial outcomes.²

► Complications

Research indicates that 27% of women had at least one unanticipated reoperation and reported that 27%–66% of women had at least one complication. This means that at least 1/3 of patients might not have experienced a surgical complication if they had not chosen double mastectomy.²

Possible disadvantages of double mastectomy include the additional costs associated with surgery, and because most patients choose to have bilateral reconstruction, this choice is associated with increased morbidity.²

HEALTH PLAN & BENEFITS DISCUSSION

► Health Plan

There is a wide range of criteria used to determine coverage for these types of procedures such as a letter of medical necessity or a second opinion from a provider. Allowing easy access to these options may provide extra psychological support for women considering double mastectomy.³

It is important to review coverage options regularly in order support the changing needs of the workforce.

► Benefits

Women who pursue a more aggressive surgery for early stage breast cancer have nearly eight times the odds of reporting substantial employment disruptions, according to a new study from University of Michigan Comprehensive Cancer Center researchers.⁴

Revisiting benefits and policies to respond to this trend might include expanding flexible/modified schedules, accepting additional accrued paid leave, and/or modifying an attendance policy to accommodate disability-related absences. Providing supportive policies may reduce work-related stress for women considering double mastectomy.

RESOURCE, TOOLS AND EDUCATION GUIDE

► Decision-making Tools

Research now shows that incorporating information on breast cancer and psychological health outcomes in decision aids may improve the decision-making process for double mastectomy.²

► Alternative Treatments

Drugs used to reduce cancer risk in the unaffected breast may be an option for some women who wish to avoid surgery. Providing access to education about these options can be the needed support for employees.²

► Screenings

Encouraging participation in early detection breast cancer screenings remains an essential part of prevention.

In addition, because a woman's lifetime risk of developing breast cancer is greatly increased if she inherits a harmful mutation in BRCA1 or BRCA2, offering access to health providers who provide the genetic detection counseling and screening is also a best practice.²

Key Take-aways

1 Although double mastectomy may improve health outcomes for particular subgroups, the small survival benefit should be weighed against the risks. These include complications due to surgery and the potential psychosocial issues important to patients, such as quality of life and body image.

2 Taking time to review with your health plans the policies about whether and under what conditions coverage will be provided for double mastectomy for breast cancer risk reduction is critical. More women are choosing this treatment and the long-term impact for patients and their employers is still uncertain.

3 Studies have shown that women with breast cancer often lack sufficient knowledge to make informed decisions about treatment. Providing tools, resources and education to employees can greatly improve the decision-making process and the associated health outcomes.



CHILDHOOD OBESITY

Interventions that are personalized are more effective

In this research project, two study groups were formed, the first received traditional interventions while the second group received more personalized interventions such as one-on-one coaching and text messaging. Children in both groups improved their BMI, but the group who received a higher level of engagement were more satisfied with the experience and achieved better results.

This study indicates that the customized decision-support tools are positive interventions can be beneficial in supporting weight management efforts.

INSIGHTS

From this research, employers may choose to allocate resources to customized engagement strategies and programs specifically related to behavior modification.

[Full Study](#)



TYPE 2 DIABETES

Daily finger sticks offer little value for those with low risk

There has been debate about how much this self-monitoring enhances the health of people with non-insulin dependent type 2 diabetes, and whether the benefits exceed the inconvenience and discomfort of daily finger pricking, anxiety it can induce and financial burdens.

This study concluded that for this low-risk subgroup, self-monitoring achieves no significant differences in disease control, hospitalization rates, need to start using insulin or quality of life.

INSIGHTS

Implications for employers can range from assessing health plan and vendor contracting language to implementing revised engagement strategies for different levels of health risk.

[Full Study](#)



MEDICATION CHOICES BASED ON DATA NOT FEAR

Supports different treatment options for irritable bowel disease (IBD)

Clinicians usually prescribe one of two types of drugs to treat Crohn's disease (CD) and ulcerative colitis (UC): corticosteroids or medications called tumor necrosis factor inhibitors, also known as anti-TNF drugs. Now, a PCORI-funded study gives a sense of which treatment type is better for each of these conditions.

The researchers report in January 2018 in the American Journal of Gastroenterology that the risk of death over the course of the study was significantly lower for anti-TNF therapy among patients with CD, but not for patients with UC.

For patients with UC, taking anti-TNF drugs had more emergency surgeries and hospital visits for health problems than patients taking long-term steroids did.

INSIGHTS:

These findings can help employers weigh the pros and cons of commonly prescribed medications which could have implications in their formulary planning.

[Full Study](#)

CHILDHOOD OBESITY STUDY AT A GLANCE

A PCORI-funded study involved 721 children, ages 2 to 12, with a body mass index (BMI) in the overweight or obese range. Participants were randomly assigned one of two interventions: enhanced primary care with or without coaching.

	Families with enhanced primary care	Families with enhanced primary care plus coaching
Experienced increased satisfaction with their child's healthcare	48 PERCENT	63 PERCENT
Children dropped BMI out of overweight and obese zones*	9.3 PERCENT	11.6 PERCENT

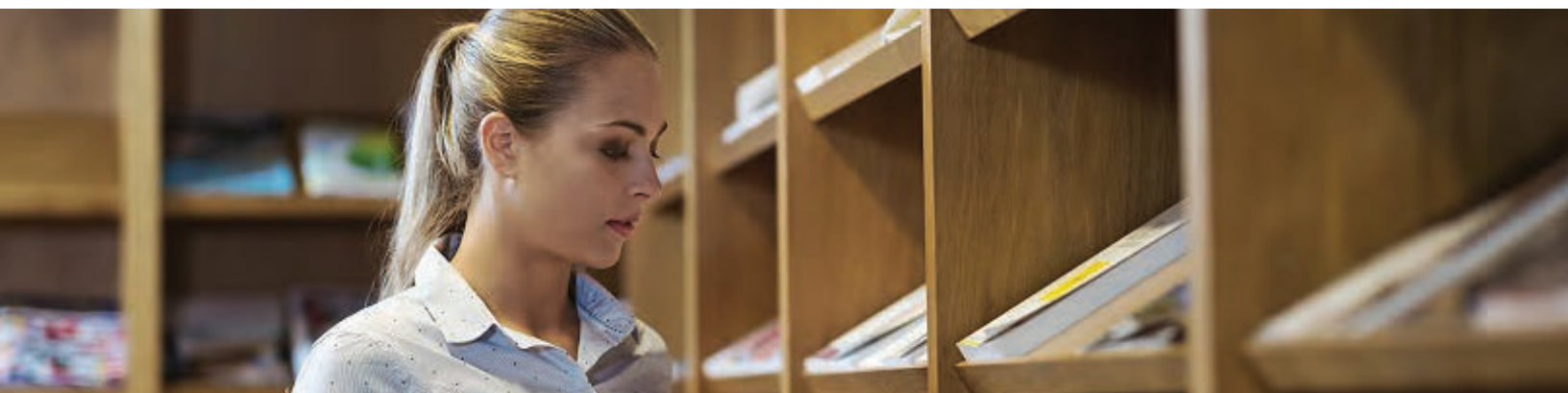
Both groups improved in BMI. The difference in BMI improvement between the groups isn't statistically significant

END NOTES

1. <https://www.pcori.org/research-in-action/choosing-right-breast-cancer-treatment>
2. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4324540/>
3. <https://www.cancer.gov/types/breast/risk-reducing-surgery-fact-sheet>
4. <http://ihpi.umich.edu/news/study-finds-double-mastectomy-tied-more-missed-work>
5. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5028980/>
6. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4973510/#R1>

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ABOUT PCORI *Patient-Centered Outcomes Research Institute*

PCORI Mission

PCORI helps people make informed healthcare decisions, and improves healthcare delivery and outcomes, by producing and promoting high-integrity, evidence-based information that comes from research guided by patients, caregivers, and the broader healthcare community.

