

Anxiety linked to newly diagnosed DCIS patients' overestimation of breast cancer risks

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Elevated levels of anxiety may cause women with ductal carcinoma in situ (DCIS), the most common form of non-invasive breast cancer, to overestimate their risk of recurrence or dying from breast cancer, suggests a study led by researchers at Dana-Farber Cancer Institute in Boston.

"Although DCIS typically is very treatable disease, many women diagnosed with DCIS develop inaccurate risk perceptions," said Ann Partridge, MD, MPH, the study's lead author and a breast oncologist at Dana-Farber. "This exaggerated sense of risk needs to be addressed, as it may cause women to make poor treatment choices and adversely affect their emotional well-being and subsequent health behaviors."

The study's findings will be published online by the *Journal of the National Cancer Institute* on Feb. 12 and later in a print edition.

DCIS is characterized by the uncontrolled growth of cells within a breast's milk ducts. The risk of DCIS spreading elsewhere in the body is approximately 1 percent, and the risk of it recurring locally is 1 percent after mastectomy and less than 10 percent after breast-conserving surgery.

Approximately one fifth of all breast cancers diagnosed in the United States in 2006 were DCIS. The incidence of DCIS in the United States has increased the past 20 years, a jump that many attribute to the greater use of mammography screening. Partridge says that the growing number of DCIS cases underscores the need to develop a better understanding of how a DCIS diagnosis impacts women's emotional health.

The researchers conducted a longitudinal study of women who were recently diagnosed with DCIS to measure risk perceptions and its association with

anxiety and depression. Of the 764 eligible participants, 487 completed the initial survey. Women were subsequently surveyed at nine months (426 completed) and at 18 months (392 completed).

More than half of the respondents to the initial survey (55 percent) thought they had at least a "moderate likelihood" of their DCIS recurring within five years of diagnosis, and 68 percent thought it was at least moderately likely to recur within their lifetime. More than one in four (28 percent) responded it was at least moderately likely that the DCIS would spread elsewhere in the body. The participants' risk perceptions remained statistically unchanged over the study's 18-month span.

The psychosocial and quality of life assessments indicated that anxiety was most consistently associated with a woman's misperceptions of elevated risk. Specifically, a woman with heightened anxiety was more likely to think that her DCIS would recur within five years or that it would become invasive breast cancer within five years or sometime during her lifetime.

Partridge says the study's findings pose a "chicken and the egg" conundrum. "Are women with higher anxiety more likely to misperceive their risk, or are women somehow developing inaccurate risk perceptions and thus developing anxiety? I'm not sure that question can be answered at this point." She says the findings underscore the need and importance of better doctor-patient communications, and the need for further research in this area.

"Some of the anxiety is clearly tied to our society's fears about breast cancer," explains Partridge, who is also an assistant professor of medicine at Harvard Medical School. "A woman may also have

multiple care providers -- medical oncologist, surgeon, plastic surgeon, internist -- and may hear mixed messages about her risks. Improved understanding of DCIS on the part of the medical community may also help women make better, more informed decisions about their care."

Source: Dana-Farber Cancer Institute

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