Knowledge, risk perception, and decision making in patients with a history of ductal carcinoma in situ (DCIS) or atypical breast lesions: a secondary analysis from the PORTAL Study

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Introduction

- The COMET trial demonstrated that active monitoring (AM) is not inferior to guideline concordant care (GCC) in patients with low-risk ductal carcinoma in situ (DCIS), with comparable rates of ipsilateral invasive breast cancer (iBC) and quality of life outcomes.
- Similarly, patients with atypical breast lesions have an increased risk of iBC and are managed with an AM strategy which could serve as a proxy for future omission of surgery in low-risk DCIS.
- Acknowledging that acceptance of treatment de-intensification is likely linked to patient preferences, understanding, and risk perception, this analysis assessed these patient-reported outcomes (PROs) among patients with atypical breast lesions and DCIS.

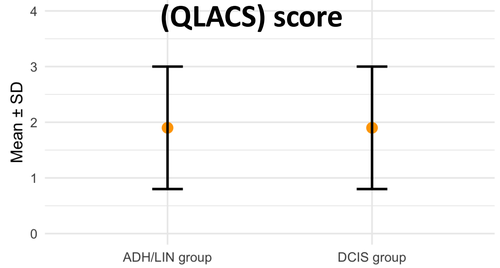
Methods and Materials

- In this secondary analysis of the Patient-reported Outcomes after Routine Treatment of Atypical Lesions (PORTAL) Study - a multicenter cross-sectional survey study - we compared PROs from women with DCIS who received GCC, to women with high-risk breast lesions (e.g., atypical ductal hyperplasia [ADH], lobular intraepithelial neoplasia [LIN]) who underwent AM.
- We report on participants' fear of invasive breast cancer (using Quality of Life in Adult Cancer Survivors [QLACS]), and disease understanding and decision quality (using Breast Cancer Surgery Decision Quality Instrument-Sections 1 and 3 [BCS-DQI-S1/3], SURE scale, Decision Regret Scale [DRS]; and Control Preferences Scale [CPS]).
- Descriptive statistics were provided, with means and standard deviations (SD), or % and 95% confidence intervals (CI).

Results

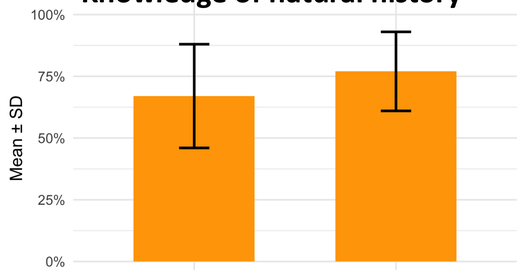
- 903 patients were included: 538 underwent GCC for DCIS; 365 underwent AM for ADH/LIN
- Mean age (range) was 61 (34-88) in the DCIS group and 58 (26-94) in the ADH/LIN group.

Quality of Life in Adult Cancer Survivors (QLACS) score



1.9/4 (1.1) 1.9/4 (1.1)

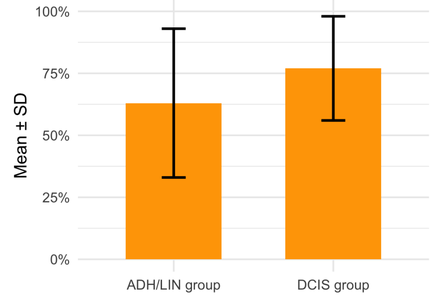
Knowledge of natural history



67% (21) 77% (16)

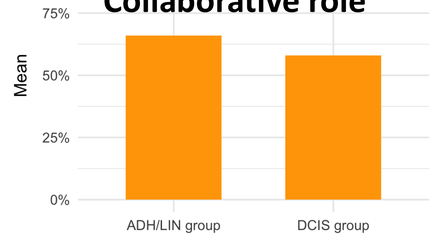
Results

Decision Process Score (BCS-DQI-3)



63% (30) 77% (21)

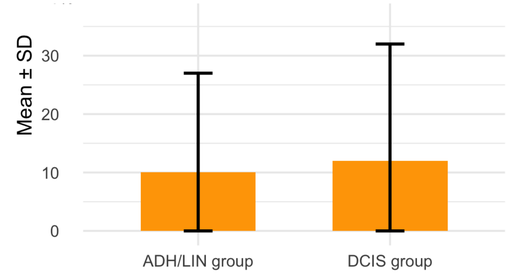
Control Preferences Scale (CPS) Collaborative role



66% 58%

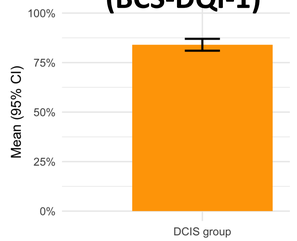
Results

Decision Regret Scale (DRS)



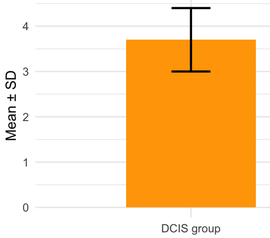
10/100 (17) 12/100 (20)

Concordance score (BCS-DQI-1)



84% (81-87)

SURE Score



3.7/4 (0.7)

Conclusions

These findings suggest that women with ADH/LIN and DCIS report high levels of knowledge, goal-concordant care, and involvement in shared decision-making, potentially suggesting that AM is acceptable and presents a future opportunity to de-intensify treatment for low-risk DCIS, pending further follow-up of clinical trials.

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