

# How should breast cancer risk assessment be delivered to women aged 30-39 years? A qualitative study of women's views

Hindmarch S\*, Gorman L, Howell SJ, Hawkes RE, French DP

University of Manchester

\*sarah.hindmarch@postgrad.manchester.ac.uk | @sarah\_hindmarch

## Background

Identifying women aged 30-39 years at increased risk of breast cancer could allow them to receive the benefits of earlier screening and preventive strategies. However, it is unclear how best to deliver and communicate breast cancer risk estimates to these women.

## Aim

To investigate women's views on the optimal delivery of a potential new breast cancer risk assessment service.

## Methods

| Method  | Participants |
|---|--------------|
| 7 focus groups<br>(5 online, 2 in-person)             | 29           |
| 8 individual interviews<br>(3 telephone, 5 in-person) | 8            |
| Total sample  | 37           |

Participants were recruited via social media, community groups and libraries.

Data were audio-recorded and analysed thematically using a framework approach to data management.

## Results

Four themes were generated from the data.

### 1. Acceptability of risk assessment service

- The majority of women said they would welcome the opportunity to find out their breast cancer risk as they could then plan and prepare for the future.
- Some women expressed concerns about possible emotional distress whilst awaiting results and impacts on mental health thereafter.
- Willingness to participate was contingent on there being options to manage the risk, preferably with the support of healthcare professionals.

*"if you know what you're facing you can deal with it, can't you?"*  
(Grace)

### 2. Promoting engagement with the service

- A 'one-stop shop' delivery model was desired whereby all risk assessment components (risk factors questionnaire, saliva sample and low dose mammogram) would be completed at one appointment.
- Availability of appointments outside of normal working hours was considered essential.
- Women recommended involving community leaders in service delivery to increase engagement of women from ethnic minority backgrounds.

*"Get it all done in one go, yeah, and then you don't have to use brain space for it twice"*  
(Laura)

### 3. Impact of receiving risk results

- Women were concerned a low-risk result could result in complacency towards breast awareness.
- Some participants perceived an average-risk result to hold no meaning and so were not reassured by this result.
- In anticipation of significant anxiety following a high-risk result, women welcomed a clinic appointment to discuss their risk including implications for their relatives.
- Some women desired a peer support group to fulfil emotional support needs.

*"people need to be made aware that just because it's low doesn't mean it's not impossible."*  
(Natasha)

### 4. Women's information requirements

- Participants desired information about evidence supporting the introduction of the service and the benefits of participation.
- Women expected a high risk result to be communicated face-to-face or via phone whereas a letter was considered acceptable for low risk.
- Presentation of risk was considered less important than implications of the result for risk management.

*"I would want it to be focussed on what I do next and not on what the result is."*  
(Tiffany)

## Conclusions

- Breast cancer risk assessment was received favourably amongst this age group providing that a risk management plan and support from healthcare professionals is available.
- To promote uptake, efforts should be made to minimise the physical and cognitive energy required to access and engage with the service.
- Risk feedback should focus on clearly outlining next steps for management to mitigate any distress the risk result may cause.