

Physician Identification of Hereditary Breast Cancer: Psychosocial Factors

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Background: Hereditary mutations in BRCA1/2 are associated with increased risk of breast cancer (up to 85%) and ovarian cancer (up to 60%). Many have discussed potential challenges to identification of hereditary cancer in the context of primary care. The purpose of this study was to examine family practice physicians experience with the identification of hereditary breast-ovarian cancer.

Methods: A cross-sectional survey was mailed to family practice physicians in the mid-western and south-eastern United States (N=175). The survey included a scenario of a family with hereditary breast cancer, and a new scale of psychosocial factors believed to be associated with identification of hereditary cancers.

Results: Nearly half (46%) reported having patients who had been tested for BRCA1/2 mutations. Most (72%) correctly identified the scenario as being relevant to BRCA1/2. Principle components analysis with Varimax rotation revealed 2 factors with eigenvalues >1. Component 1: Confidence (knowledge, comfort, and confidence) and Component 2: Importance (responsible, important, effective, and need) had excellent internal consistency (Cronbach alpha=.87 and .83, respectively). T-tests compared physicians who did/did not have patients who had tested for BRCA1/2 and who correctly/incorrectly identified the BRCA1/2 scenario. Physicians who reported having patients who tested for BRCA1/2 had higher confidence and importance than those not reporting patients who tested (p 's < .01). Physicians who correctly identified the BRCA1/2 scenario had higher confidence and importance ratings than those who did not correctly identify the scenario (p 's < .001).

Conclusions: Psychosocial factors are critical to the identification of hereditary cancers in primary care. Interventions must be aimed both at boosting physician confidence in identification of hereditary cancer and at promoting the importance of identifying hereditary cancers.