

## Background:

### A Controversial Decision

- Genetic mutations such as BRCA 1 and BRCA 2 increase a person's risk of developing breast cancer before age 70 to 41-90%.
- Percentage varies by the specific mutations inherited [2].
- Prophylactic bilateral mastectomy (PBM) reduces breast cancer risk by 90% [7].
- Nevertheless, there is controversy surrounding the decision to undergo this surgery because the women do not have cancer when the decision is made. Many women received negative feedback from family and friends, resulting in a limited support network for coping with PBM [3].

### Changes in Body Image

- Previous research has shown declines in body image and sexual relationship at six months following prophylactic bilateral mastectomy (PBM) [1].
- A recent meta-analysis found only 66% of women reported overall positive body image post-PBM [5].
- Low self-esteem and body image can strain relationships, this combined with poor communication can cause marriage to deteriorate [6].

### Support and Coping

- Low social support is associated with depression, negativity, and anxiety, which are in turn negatively related to marital functioning [9].
- However, both social support and taking a "team approach" to PBM are associated with higher relationship satisfaction ratings.
- Team approach is a collaborative response with open communication that leads couples to feel they are "in it together," in turn enhancing their relationship satisfaction [9].
- There is also evidence that couples who use a team approach to other kinds of adversity have improved relationship satisfaction [8].
- In communal coping, collaborative action is directed toward mutual benefit. "Our problem, our responsibility" [4].
- There is a gap in the literature examining these effects among couples who receive prophylactic treatment.

### Research question:

**Do women with partners who take a team approach to their PBM have greater individual well-being and relationship adjustment?**



## Methods:

Women over 18 who have a genetic predisposition to breast cancer, have had a PBM with or without breast reconstruction, and were in a committed romantic relationship at the time of the mastectomy will take an online survey posted in Facebook support groups.

### Measures:

#### Partner's Team Approach Behavior

##### Cancer Related Communication Problems Scale

- Modifications were made to capture preventative context.
- Ex: "I talk over with my spouse about how cancer prevention treatment has changed my body (e.g., removal of breast, uterus, or ovaries)."

##### Dyadic Coping Inventory

- Ex: "We engage in a serious discussion about the problem and think through what has to be done."

##### Survey specific questions

- Sliding scale items measuring partner participation from not at all to fully participating.
- Likert scale questions addressing changes in their relationship following their procedure.

#### Individual Well-being

##### Mood

##### Depression, Anxiety, & Stress Scale 21

- Ex: "I couldn't seem to experience any positive feeling at all"

##### Rumination scale

- Ex: Think "Why can't I handle things better?"

##### Self-image

##### Body Image Scale

- Ex: "Have you been feeling less sexually attractive as a result of your disease or treatment?"

##### BREAST-Q

- 6 subscales focusing on either Quality of Life (physical well-being, psychosocial well-being, and sexual well-being) or patient satisfaction (satisfaction with breasts, satisfaction with overall outcome, and satisfaction with care).

#### Relationship Adjustment

##### Sexual satisfaction Scale

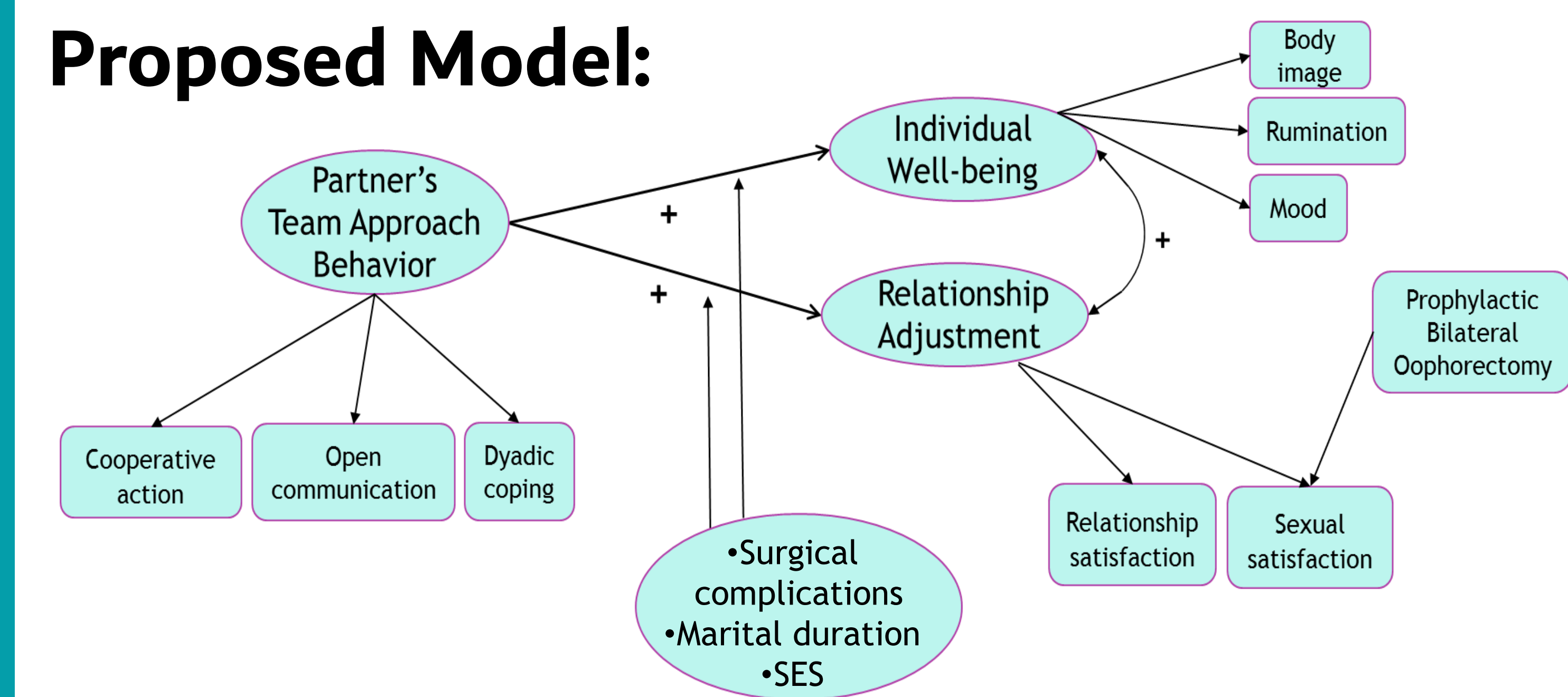
- 4 domains: contentment, communication, compatibility, personal concern & relational concern.

##### Quality of Dyadic Relationship - 36

- 5 subscales: dyadic consensus, cohesion, satisfaction, sensuality, & sexuality.



## Proposed Model:



## Expected results:

It is predicted that women with partners who take a team approach to their PBM will have greater individual well-being and relationship adjustment. It is also predicted that these effects may be moderated such that increased relationship duration, higher SES, and fewer surgical complications will each increase individual well-being and relationship adjustment.

## Significance:

The proposed research will assist professionals and couples facing decisions regarding prophylactic treatment in designing an approach that minimizes adverse psychosocial effects for women undergoing treatment.

## Future research directions:

- Examine interventions, such as training professionals to include significant others and encourage them to take an active role in the treatment process, and their effect on individual and relationship well-being.
- Design a longitudinal study with a survey administered pre-mastectomy, after reconstruction completion, and six months following to examine changes in relationship adjustment and individual well-being over the course of treatment.

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