

cally by being offered a choice of surgical methods for their breast cancer, even if they don't want to decide themselves. Further, we have been told that breast cancer patients are more likely to be satisfied with the treatment choices they make when information is provided to them in a supportive manner. To prepare themselves to deal with treatment choices, many patients educate themselves before meeting with their oncologist, and there is evidence that this strategy can help patients to gain a meaningful understanding of their options. The development of lay summaries for the new clinical practice guidelines should help women to be better prepared to discuss treatment options with their physicians and — if they so wish — to participate in treatment decisions.

It is important to bear in mind that the discussion of treatment options will be less urgent to women with breast cancer than learning the answer to 2 important questions: What is the chance of cure? and How much has the cancer spread? The availability of clinical practice guidelines will be more meaningful to patients if physicians first address these issues and then explore and respect patient preferences about obtaining information and becoming involved in treatment decisions.

The trend toward greater patient participation at the level of the individual mirrors a growing collective involvement of lay women and breast cancer survivors in breast cancer advocacy. The Canadian Breast Cancer Research Initiative (CBCRI) was established in 1993 in response to concerns raised by women that breast cancer is a health risk of such magnitude that it requires dedicated resources for research on a broad range of topics. The CBCRI has taken steps to address the priorities brought forward by women, such as encouraging the scientific evaluation of unproven therapies. The participation of lay women and breast cancer survivors on the management committee is a vital feature of the CBCRI that helps to ensure that the priorities and concerns of patients and their families are kept at the forefront while the integrity of rigorous scientific investigation is maintained.

The Canadian Cancer Society applauds the efforts of Dr. Maurice McGregor and his many colleagues who participated in the extensive process of developing new Canadian guidelines for the treatment of breast cancer. These guidelines offer many things: an opportunity to reduce variability in cancer care, an evidence-based means for cancer treatment facilities to advocate for appropriate resources, and all the other potential advantages and pitfalls associated with the implementation of new guidelines. And, not least, these new guidelines offer a chance for physicians to help empower breast cancer patients to become better informed about their disease and to have input into its treatment.

References

- Young JR. Final report on the needs of people living with cancer across Canada [pub no 310942]. Toronto: Canadian Cancer Society; 1992.
- Degner LF, Kristjanson LJ, Bowman D, Sloan JA, Carriere KC, O'Neil J, et al. Information needs and decisional preferences in women with breast cancer. *JAMA* 1997;277:1485-92.
- Beaver K, Luker KA, Owens RG, Leinster SJ, Degner LF. Treatment decision making in women newly diagnosed with breast cancer. Cancer Nurs 1996:19:8-19.
- Davidson BJ, Degner LF, Morgan TR. Information and decision-making preferences of men with prostate cancer. Oncology Nurs Forum 1995;45:1401-8.
- Degner LF, Sloan JA. Decision making during serious illness: What role do patients really want to play? J Clin Epidemiol 1992;45:941-50.
- Fallowfield LJ, Hall A, Maguire P, Baum M, A'Hern RP. Psychological effects of being offered choice of surgery for breast cancer. BMJ 1994;309:448.
- Weiss SM, Wengert PA Jr, Martinex EM, Sewall W, Kopp E. Patient satisfaction with decision-making for breast cancer therapy. *Ann Surg Oncol* 1996; 3:285-9.
- Street RL Jr, Voigt B, Geyer C Jr, Manning T, Swanson GP. Increasing patient involvement in choosing treatment for early breast cancer. *Cancer* 1995; 76:2275-85.

Reprint requests to: Dr. Neil A. Hagen, Office of the Division of Palliative Medicine, 712–3131 Hospital Dr. NW, South Tower, Calgary AB T2N 2T8; fax 403 270-9652; neilha@cancerboard.ab.ca

Patient information sources

Patients can access the Canadian Cancer Encyclopedia database from anywhere in Canada by calling the toll-free Cancer Information Service of the Canadian Cancer Society. Calls are taken by specially trained staff, many of whom are oncology nurses. The number for the service is 1 888 939-3333.

Physicians and patients can obtain the Canadian Breast Cancer Research Initiative's annotated bibliographies on unproven therapies free of charge by calling 416 961-7223. Systematic reviews of the literature will be published in upcoming issues of *CMAJ*. Briefer summaries suitable for patients are currently available free of charge through the Cancer Information Service and local offices of the Canadian Cancer Society.