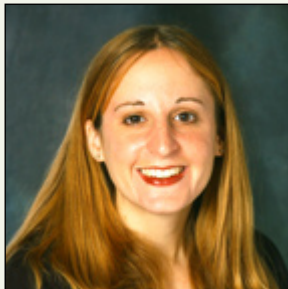


SOCIETY OF GENERAL INTERNAL MEDICINE-  
ASSOCIATION OF CHIEFS OF GENERAL INTERNAL MEDICINE-ASP  
T. FRANKLIN WILLIAMS SCHOLARS AWARD IN GERIATRICS



**AWARD RECIPIENT**

MARA A. SCHONBERG, MD

*Harvard Medical School Beth Israel Deaconess Medical Center*

**PROJECT**

"THE PSYCHOLOGICAL IMPACT AND DECISION-MAKING OF OLDER WOMEN AFTER AN ABNORMAL MAMMOGRAM"

**MENTORSHIP TEAM**

MARY BETH HAMEL, MD

REBECCA A. SILLIMAN, MD, PHD

EDWARD R. MARCANTONIO, MD

In the absence of clinical trial data demonstrating a mortality benefit of screening mammography for women aged 80 or older, physicians must help these women make informed decisions about mammography screening. Screening mammography may benefit some women aged 80 and older by prolonging life and preventing morbidity associated with metastatic disease. However, due to more indolent tumors and competing causes of death, many of the breast cancers found in women aged 80 and older may represent overdiagnosis (tumors that would not have become clinically important if they were not detected mammographically). In these cases, elderly women are exposed to the burdens of treatment and anxiety of living with cancer without the benefit of improving quality or quantity of life. Determining which elderly women benefit from mammography screening and breast cancer treatment is becoming increasingly important as more and more women are living well into their 80s and 90s.

Little is known about what the psychological experience or decision-making process is like for women aged 80 and older after an abnormal mammogram. Since the best treatments for women aged 80 and older with breast cancer are also unknown, decision-making is complicated and treatment choices may reflect the preferences of family or physicians rather than the patient herself. In the proposed study, I will conduct a pilot longitudinal study of 50 women aged 80 or older to describe and compare the psychological impact and decision-making process of these women with 50 women aged 65-79 after an abnormal mammogram. My goal is to use these data to improve physician counseling and to better inform elderly women's decision-making around mammography screening and breast cancer treatment.

Specific topics to be explored are:

1. The immediate impact of an abnormal mammogram on elderly women's quality of life.

2. The extent to which elderly women rely on their physicians and family members to help make decisions about diagnostic work-up and breast cancer treatment.
3. Factors (including comorbidity, functional status, money, and social support) elderly women consider when deciding on work-up and treatment of breast care after an abnormal mammogram.
4. Elderly women's decision satisfaction after a decision has been made.
5. Physician and family member perspectives about their role in oldest-old women's decisions after an abnormal mammogram.
6. Physicians' final diagnostic or treatment recommendations.

Data from this pilot study will provide estimates of subject accrual and retention to allow design of a larger more definitive study in the future.

During my career development period, I will work with 3 highly skilled and experienced researchers and mentors. I will also enroll in several courses and workshops to expand my methodological skills and understanding of decision-making theory, including advanced epidemiologic methods, applied longitudinal methods, and decision theory. In addition, I will continue to attend geriatric grand rounds and clinical conferences to broaden my understanding of geriatric principles. With the support of the Society of General Internal Medicine-Association of Chiefs of General Internal Medicine-ASP T. Franklin Williams Scholars Award in Geriatrics, I will collect pilot data on breast cancer detection, diagnosis, and treatment decision-making among elderly women to allow for informed decision-making around mammography screening among these women. I plan to use the data I collect to create tools to aid clinicians when counseling elderly women about mammography screening and breast cancer care.