MONDAY, Sept. 16 (HealthDay News) -- Young women with breast cancer tend to overestimate their risk for getting cancer in the opposite, healthy breast -- sometimes driving them to have that breast removed, according to new research. Researchers polled 123 young women two years after they chose double mastectomy for breast cancer at age 40 and younger, asking how they made the decision to have the opposite breast removed and how they estimated the cancer risk in the healthy breast.

"Most women who were considered average risk actually overestimated their risk of having contralateral [opposite breast] breast cancer," said study researcher Shoshana Rosenberg, a research fellow at Harvard School of Public Health and Dana-Farber Cancer Institute.

Despite evidence that having the procedure -- called contralateral prophylactic mastectomy -- does not improve survival rates, growing numbers of women treated for early stage breast cancer decide to have it, the study authors said. In the survey, 98 percent of women who opted for contralateral prophylactic mastectomy said they wanted to avoid getting cancer in the opposite breast and 94 percent said they wanted to improve survival. About one-quarter of the women were genetically at higher risk of cancer, due to having a BRCA gene mutation. Of participants who did not have the gene mutation, patients estimated that 10 percent would get cancer in the opposite breast within five years, although the actual risk is about 2 percent to 4 percent over the five years, according to Rosenberg.

"Risk perception is very complex," Rosenberg said. "It could be that their doctor is not communicating it effectively; there are lots of decisions to make, and concerns about recurrence," she noted. "We are not telling women what surgery to have, we want to be sure they are making an informed decision."

The findings echo some previous research, according to Sarah Hawley, an associate professor of internal medicine at the University of Michigan Health System, in Ann Arbor. In her study, presented last year at a medical meeting, Hawley found that nearly 70 percent of women choosing the contralateral prophylactic mastectomy actually had a low risk of developing cancer in the healthy breast.

"Their findings are consistent with ours, in that desire to prevent cancer in the non-affected breast is a big reason patients reported for getting [contralateral prophylactic mastectomy]," Hawley said.

"Although there may be no survival benefit, many women are concerned that they want to move on with their lives and want to reduce the chance of developing a cancer on the opposite breast in the future," Bernik said. They may be trying, understandably, to avoid another round of treatment in the future. Women need to decide what is right for them, Bernik stated. "It is clear that with breast cancer surgery, one size does not fit all."

Links to the full text and additional information can be found here: http://www.ncbi.nlm.nih.gov/pubmed/24849045