

Patterns of Treatment and Long Term Outcomes of Breast Reconstruction After Mastectomy

BACKGROUND: Little is known about correlates of breast reconstruction after mastectomy or longer term outcomes of different treatment options in population samples.

METHODS: We surveyed 2245 women newly diagnosed with breast cancer and reported to the Detroit and Los Angeles SEER registries from 6/05-2/07 (response rate 73%) and merged these data to SEER. Patients were surveyed again approximately 4 years after diagnosis (expected n=1650, response rate 73%). We report on a preliminary sample of 707 patients.

RESULTS: 249 patients (35.2%) had mastectomy as initial course of therapy. Of those, 110 (44%) received reconstruction (62% immediate and 38% delayed). One third received an autologous tissue procedure and two thirds received an implant (equally divided between saline and silicone). One quarter (22.8%) of women who got reconstruction were dissatisfied with the cosmetic results and 30% felt the outcome did not match expectations. However, women who received reconstruction were slightly more satisfied with their breast and body appearance than those who received mastectomy alone (5 pt scale score 3.2 vs 3.0 for mastectomy alone and 3.5 for BCS, $p < .001$, controlling for age). Most common reasons for not getting reconstruction were related to patient attitudes about the surgery: Half (52%) reported that they did not want more surgery or that surgery was not important and one third (34%) were concerned about possible complications. Barriers to care were less commonly endorsed: 18% reported that insurance would not cover it (18%) or that they could not find surgeon who accepted insurance (12%). One third (37%) of those who did not get reconstruction were dissatisfied with the information they received about it. About 15% of women were still considering reconstruction at time of re-survey.

CONCLUSION: A substantial proportion of women were not satisfied with the results of breast reconstruction and satisfaction with body appearance did not differ substantively between women who did or did not get reconstruction after mastectomy. The majority of women who did not get reconstruction did not want it but some financial and informational barriers persist.