

## **Breast Reconstruction Optimizes Comprehensive Cancer Treatment without Increasing Delays: A 12-Year Process Outcomes Review**

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**Disclosure/Financial Support:** None

**INTRODUCTION:** The National Consortium of Breast Centers and National Accreditation Program for Breast Centers have stipulated that comprehensive breast cancer treatment must include reconstruction as well as mastectomy surgery, chemotherapy, and radiation.<sup>1</sup> However there are concerns that preoperative evaluation for reconstruction may increase delays for cancer treatment.<sup>2</sup> A process review of all mastectomy patients was performed at a tertiary cancer center to examine the delivery and impact of reconstruction on this patient population.

**MATERIALS AND METHODS:** A retrospective review of all patients undergoing mastectomy surgery was performed between January 2002 and December 2013. Patient demographics and rates of plastic surgery consultations were evaluated to assess the frequency of breast reconstruction.

**RESULTS:** Overall, 676 out of 1475 patients (45.8%) underwent reconstruction after mastectomy with the majority undergoing autologous tissue reconstruction compared to implant reconstruction. The rates of breast reconstruction and plastic surgery referrals increased dramatically from 53.1% to 75.4% and from 53.8% to 93.8% respectively during the study period. Advanced age and stage of disease were significant predictors for not undergoing evaluation or reconstruction. Ethnicity was also a negative predictor for reconstruction during the study period. There were significant racial disparities during the first half of the study period with Caucasian (11.0%) and Asian (23.1%) women being more likely to undergo autologous tissue reconstruction compared to African-American (2.7%) or Hispanic (0%) women. These differences were no longer evident during the second half of the study. Referral to the plastic and reconstructive surgery service did not result in any significant delays in cancer treatment.

**CONCLUSION:** Comprehensive breast cancer treatment should include evaluation for reconstruction. Plastic surgery consultations for breast reconstruction are critical to optimize care without causing delays in overall cancer care. Implementation of programs to include plastic surgical evaluation provides additional avenues for improvement in order to increase rates of breast reconstruction to all patients.

### **REFERENCES:**

1. Kaufman CS, Connolly J. NAPBC Standards Manual 2014 Edition. Chicago, Illinois: American College of Surgeons; 2014.
2. Alderman AK, Hawley ST, Waljee J, Mujahid M, Morrow M, Katz SJ. Understanding the impact of breast reconstruction on the surgical decision-making process for breast reconstruction. *Cancer*. 2008; 112(3): 489-494.