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Morbidity and Quality of Life Outcomes of Breast Reconstruction for Unilateral Mastectomy vs. Additional Contralateral Prophylactic Mastectomy: a Cohort Study of 211 Breast Reconstruction Patients

Dr. M. Habibi

Surgeon- (USA)

Background: The rates of contralateral prophylactic mastectomy at the time of therapeutic mastectomy for unilateral breast cancer have more than tripled in the past decade, reaching 12.7% of cases. This is despite the lack of evidence for survival benefit associated with these procedures. Indeed, there is a lack of published data on postoperative outcomes for cases of contralateral prophylactic mastectomy followed by bilateral breast reconstruction (CBR) compared to unilateral mastectomy and breast reconstruction (UR). We performed the current study to investigate potential differences in morbidity and patient-reported quality of life (QoL) outcomes between these two groups.

Methods: Using our IRB-approved, prospectively collected breast reconstruction patient registry, we queried pre- and post-operative data from patients who underwent CBR or UR at our institution. Data included patient demographics, comorbidities, surgical history, cancer treatment, pre-operative and 12-month post-final reconstruction Breast-Q@ scores, breast reconstruction treatment, and post-operative complications. We used simple and multiple linear regression to compare morbidity and QoL changes between the study groups (CBR vs. UR). Satisfaction with abdomen domain was not included in the analyses due to the heterogeneity of reconstruction types, however, type of reconstruction was adjusted for in the adjusted analysis.

Results: Between 2010 and 2015, 211 patients underwent CBR (n=86, 40.8%) or UR (n=125, 59.2%). While the unadjusted surgical morbidity was significantly higher for the BR group at 60 days post-tissue expander placement ($p < 0.001$), it was not significantly different between groups immediately before final reconstruction, at 60 days post-final reconstruction, or at 1 year post-final reconstruction. After adjusting for age, BMI, type of reconstruction, timing of reconstruction, chemotherapy, radiotherapy, and previous breast surgery, CBR patients did not have a statistically significant difference in pre- to post-reconstruction changes of QoL when compared to UR in the domains of Satisfaction with Breast ($p=0.62$), Psychosocial Well-being ($p=0.71$), Sexual Well-being ($p=0.85$), and Chest Physical Well Being ($p=0.09$).

Conclusions: Our findings suggest that performing a contralateral prophylactic mastectomy at the time of therapeutic mastectomy and bilateral breast reconstruction for unilateral breast cancer is not associated with higher QoL compared to unilateral mastectomy and breast reconstruction. While there was no increased morbidity

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at 1 year post-final breast reconstruction, there was a higher rate of short-term (60-day) complications for staged breast reconstruction following tissue expander placement for the CBR group. These results would help in counseling patients interested in undergoing contralateral prophylactic mastectomy and bilateral breast reconstruction for unilateral breast cancer.

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