



Towards higher breast reconstruction rates for mastectomy patients

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Delegates to the 81st Annual Scientific Congress (ASC) of the Royal Australasian College of Surgeons have been told that while breast reconstruction has been shown to be safe with a high patient satisfaction rate, fewer than 10 per cent of Australian women opt for reconstruction after a mastectomy.

Dr April Wong, currently a Breast Fellow working with Associate Professor Andrew Spillane & Dr. Kylie Snook in Sydney, reviewed the rate of reconstruction by these two surgeons and the factors affecting its uptake at a metropolitan breast centre. She reported that of the 331 women who had mastectomies between 2009 and 2011, 136 (41 per cent) had reconstruction. Those opting for reconstruction were more likely to be younger (an average of 50 years) and pre-menopausal compared with those declining reconstruction (an average of 64 years) who were more likely post-menopausal.

Both groups had similar tumour subtypes & pathological tumour factors but those having breast reconstruction had a smaller mean tumour size (30.7mm v. 36.9mm). Those not having reconstruction had higher rates of axillary clearances (43 per cent v. 33 per cent) and higher rates of triple negative tumours (8 per cent v. 5 per cent). A greater proportion of patients not having reconstruction had radiotherapy (41 per cent v. 31 per cent).

“Reconstruction was done in 44 per cent of the private patients in this practice,” Dr Wong said. “This compares with 28 per cent of public patients. Most patients undergoing reconstruction had immediate expanders implants and later after adjuvant chemotherapy and/or radiotherapy, permanent implants. Tissue based reconstruction was used in 32 patients.”

“It should be noted that 22 patients in the non-reconstruction group were still undecided about their options, and 15 were actively considering delayed reconstruction.

“All our patients were included in this review with no age exclusion, unlike many studies of reconstruction rates. Overall we found the age of the patient and tumour size were the main factors affecting decisions on reconstruction. We have a policy of discussing reconstruction with virtually all our patients at an early stage.

“The two common reasons for no reconstruction were patient choice, and the perception of a high risk tumour likely to require adjuvant therapy, which is often considered in combination with other patient factors.”

Dr Wong concluded that there was a high rate of immediate breast reconstruction at this breast centre and that clinicians should strive to offer women the option of reconstruction. It should be discussed with nearly all women undergoing mastectomy.

This year’s ASC, with the theme ‘The Making of a Surgeon’, runs from 6 to 10 May and is being held at the Kuala Lumpur Convention Centre. Approximately 2,500 delegates from Australia, New Zealand and around the world are attending.

Media inquiries: Michael Barrett, Manager Media & Public Relations
Malaysia mobile: +60 1116570922
Bridget Hooper, Media and PR Officer
Malaysia mobile: +60 104678099