Choice of Surgery May Affect Quality of Life for Young Breast Cancer Survivors

Women who had breast-conserving surgery rather than mastectomy report better quality of life.

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Younger breast cancer patients who underwent mastectomy reported lower breast satisfaction and poorer psychosocial and sexual well-being compared with those who underwent breast-conserving surgery, according to results of a trial presented at the 2018 San Antonio Breast Cancer Symposium, held Dec. 4–8.

“Historically, about 75 percent of women are eligible for breast-conserving surgery. However, over time, more women, and particularly young women, are electing for bilateral mastectomy,” said the study’s lead author, Laura S. Dominici, MD, FACS, a surgeon at Dana-Farber/Brigham and Women’s Cancer Center, assistant professor of surgery at Harvard Medical School, and Division Chief of Breast Surgery at Brigham and Women’s Faulkner Hospital. She said multiple factors influence women’s decisions, but from an oncologic standpoint, the results are often equivalent.

“Women are becoming increasingly involved in the decision-making process, so we must make sure that they have as much information as possible about long-term outcomes, including quality of life,” Dominici added.

In this study, Dominici and colleagues compared quality of life outcomes in young women across three different surgeries: breast-conserving surgery, unilateral mastectomy, and bilateral mastectomy. Between October 2016 and November 2017, Dominici and colleagues administered the BREAST-Q, a validated patient-reported outcomes survey, to 560 women diagnosed with breast cancer by age 40 who were enrolled in a large prospective cohort study. Among the women, 28 percent had breast-conserving surgery, and 72 percent had mastectomy. Among those who had a mastectomy, 72 percent of those were bilateral mastectomies. Eighty-nine percent of the women had had reconstructive surgery.

The researchers found that mean BREAST-Q scores for breast satisfaction, psychosocial, and sexual well-being were lower for women who had mastectomy or bilateral mastectomy than those who had breast-conserving surgery. Physical function was similar among all the groups.

For breast satisfaction, those who had breast-conserving surgery had an average BREAST-Q score of 65.9, compared with 59.5 for the unilateral mastectomy group and 60.3 for the bilateral

mastectomy group.

For psychosocial well-being, those who had breast-conserving surgery had an average BREAST-Q score of 76.1, compared with 70.5 for the unilateral mastectomy group and 68.1 for the bilateral mastectomy group.

For sexual well-being, those who had breast-conserving surgery had an average BREAST-Q score of 57.5, compared with 53.2 for the unilateral mastectomy group and 48.6 for the bilateral mastectomy group.

“These findings suggest that surgical choices may have long-term impact on quality of life,” Dominici said. “We really need to have more data about quality of life, particularly after surgery, because this information can help shape their decisions.”

Dominici added that further research could provide more information to clinicians as they advise patients of their options for breast cancer surgery. “In the future, I am hopeful that we will be able to predict quality of life outcome for an individual patient following the different types of surgery in order to help her decide what is best for her,” she said.

Dominici said the study’s primary limitation is that it was not randomized, and it evaluated quality of life only at a single time point. She added that researchers did not have information about women’s quality of life prior to the study, which could have affected their decision making and their post-surgery quality of life.

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