

Older and younger women benefit equally from breast reconstruction after mastectomy

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The most comprehensive study of its kind to date found that older women enjoy the same benefits from breast reconstruction following mastectomy for breast cancer as younger women without a significant increase in the risk for complications. As with patients across all age groups, the benefits of breast reconstruction must be weighed against the risks. However, these study results showed that the procedure was successful in the vast majority of cases and that age alone should not disqualify a woman from undergoing a reconstruction procedure.

The study, published online in the *Journal of the American College of Surgeons* in advance of print publication, evaluated clinical and patient-reported outcomes two years after women underwent mastectomy and [breast reconstruction](#) for breast cancer. The study included 1,531 women who had the surgery at one of 11 institutions in the US and Canada that participated in the Mastectomy Reconstruction Outcomes Consortium (MROC) study.

MROC is a prospective, long-term, National Cancer Institute-funded study focused on outcomes associated with various types of breast reconstruction in different patient populations. MROC recruited [patients](#) between February 2012 and July 2016.

Of the nearly 250,000 women to be diagnosed with breast cancer in 2016, 40 percent will be 62 years of age or older.¹ Although the use of mastectomy in the treatment of [breast cancer](#) has increased over the last 10 years,² older women are less likely to have the procedure than

younger ones.³

Previous studies that examined the use of breast reconstruction in women of different age groups have been hampered by study design or size. Studies have been small and confined to patients treated in a single clinical institution, so their findings do not apply to other patient populations that receive treatment in other clinical settings. Many studies have not included patient-reported outcomes that determine satisfaction and quality of life following surgery, or they assessed complication rates only in the period immediately following surgery, according to Edwin G. Wilkins, MD, principal author, and professor of surgery in the section of plastic surgery, University of Michigan Health System, Ann Arbor.

The present study was not only large in size and multi-institutional; it assessed outcomes over a long term. It also was prospective in nature. "Most previous studies provided just a snap-shot in time. They looked retrospectively at the previous 10 years, identified patients who had breast reconstruction, and then studied them. This study started before the patients had reconstruction and followed them for two years afterward. It essentially studied all patients over the same interval. It provided a baseline measurement of body image, quality of life, and overall health because where a patient is before surgery has a large effect on where she ends up two years later," Dr. Wilkins said.

The study categorized patients by age group: 494 were younger (less than 45 years of age); 803 were middle-aged (between 45 and 60 years); and 234 were older (more than age 60). The investigators determined overall rates for any type of complication as well as any major complication that required hospital admission or surgical exploration.

In addition, the investigators compiled information about patient-reported outcomes using the BREAST-Q Reconstructive Module. BREAST-Q is a validated data-gathering instrument that has been widely

used to assess patient satisfaction and patients' perceptions of psychosocial, physical, and sexual well-being following breast reconstruction.

Complication rates varied by surgical procedure (i.e., insertion of a surgical implant vs. use of a patient's own tissue). Among women who received a surgical implant, the rate for any complication was 22 percent in the younger age group, 27 percent in the middle-aged group, and 29 percent in the older group. The rate for a major complication among women who had an autologous procedure was 33 percent in [younger women](#), 29 percent in the middle-aged, and 31 percent in older women.

Only one group of women expressed a slight decline in their satisfaction after breast reconstruction. Older women who had implant surgery had a BREAST-Q satisfaction score of 60.9 preoperatively and a score of 59.2 afterward. All other groups of women were just as satisfied with their breasts after reconstruction as they were before undergoing the procedure. "Breast reconstruction has been described as a 'reverse mastectomy.' Given the findings from our study, it's hard to dispute that contention, regardless of age," Dr. Wilkins said.

"Surgeons and patients may have preconceived notions that breast reconstruction is not as good an option in [older women](#) as it is in younger patients. According to findings from this study, reconstruction provided the benefits it was expected to provide for quality of life and body image, and age did not significantly affect complications," Dr. Wilkins said.

Study coauthors include Katherine B. Santosa, MD; Ji Qi, MS; Hyungjin M. Kim, ScD; Jennifer B. Hamill, MPH; Andrea L. Pusic, MD, FACS.

More information: Katherine B. Santosa et al, Effect of Patient Age on Outcomes in Breast Reconstruction: Results from a Multicenter

Prospective Study, *Journal of the American College of Surgeons* (2016).
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