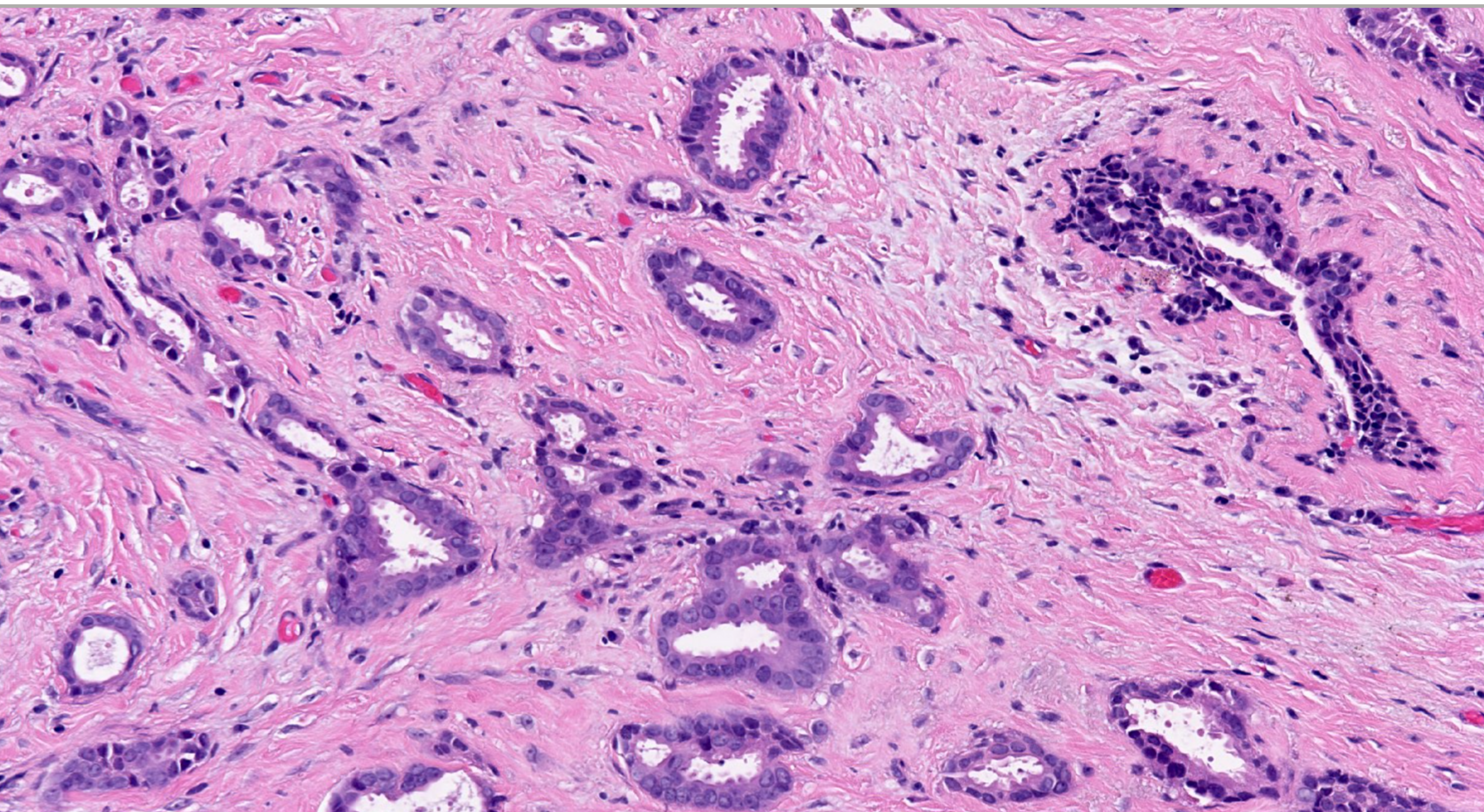


Factors influencing a woman's decision for breast conservation vs. mastectomy with contralateral prophylactic mastectomy in early-stage, hormone-sensitive, breast cancer: A systematic review

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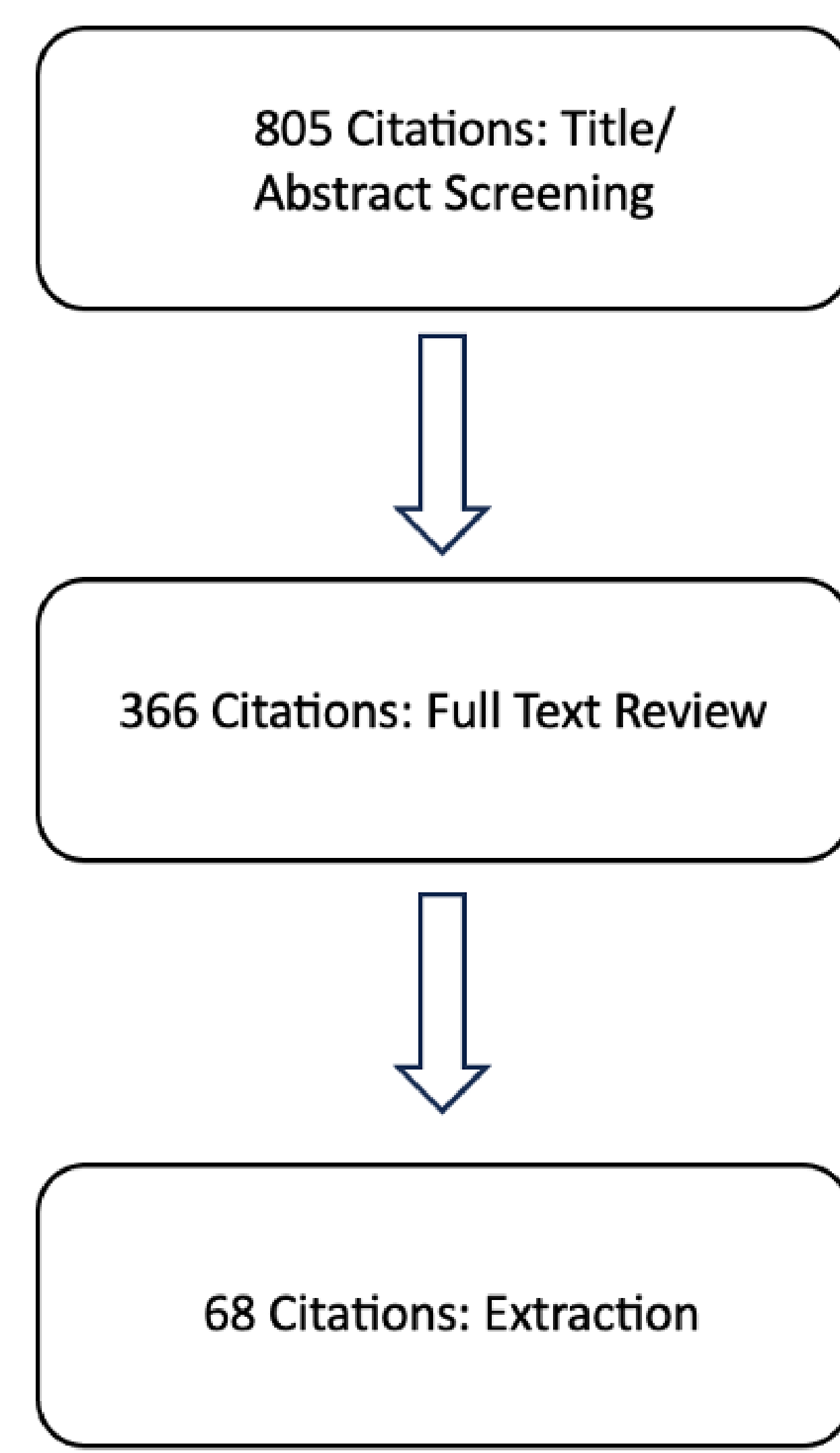


Background

- Breast conservation (BC) is a viable option for many patients diagnosed with early-stage breast cancer.
- There is no difference in overall survival (OS) between BC and mastectomy in patients who lack genetic mutations.
- Despite this, women are opting for mastectomy with contralateral prophylactic mastectomy (CPM) at increasing rates.
- Understanding factors influencing a patient's desire for mastectomy and CPM can honor shared decision making and autonomy, while potentially leading to less invasive surgical intervention.

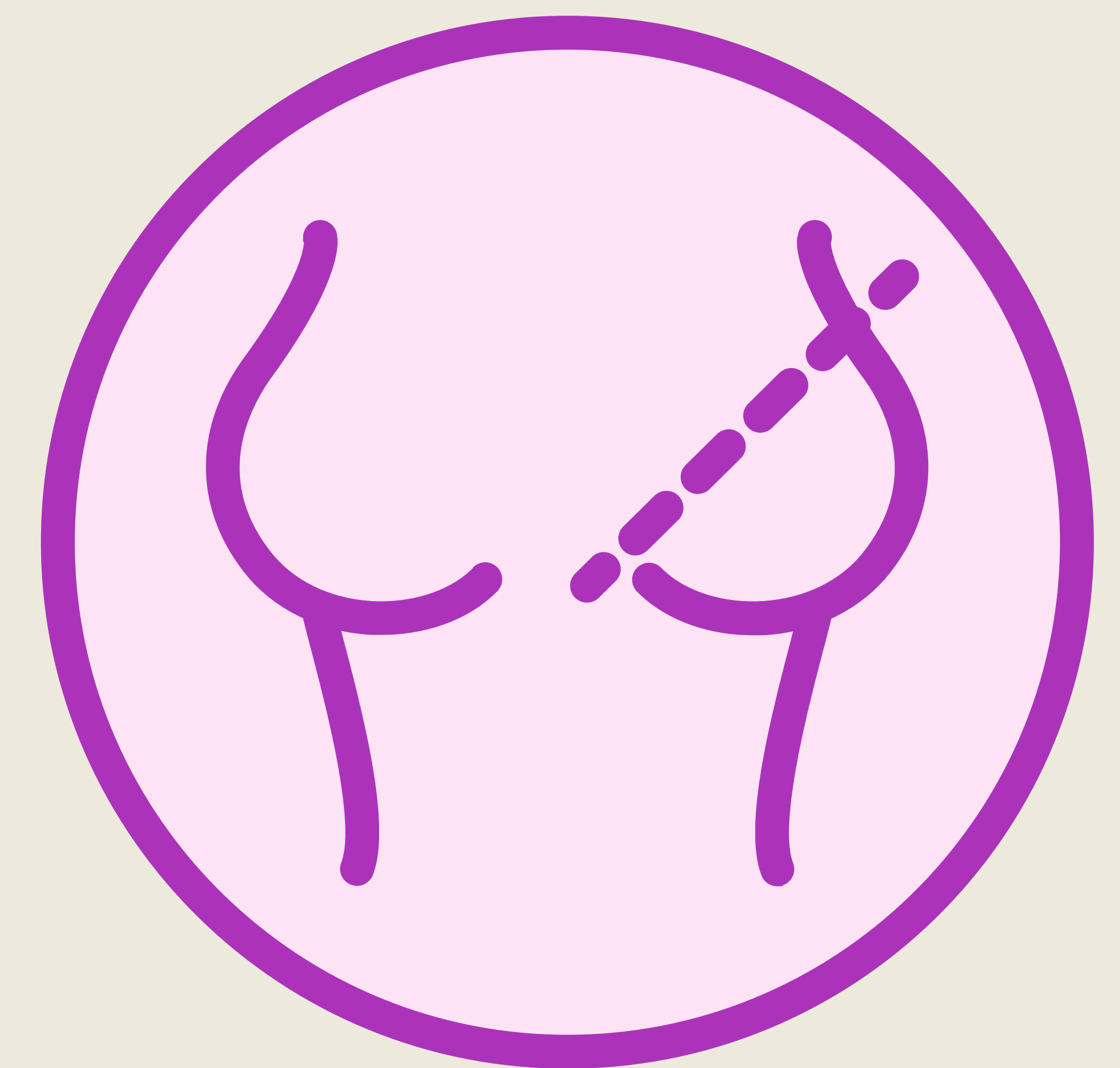
Methods

- Cochrane, Embase, and PubMed
- **Inclusion criteria:** women with early-stage, hormone-sensitive breast cancer.
- **Exclusion Criteria:** women with a genetic mutation, stage III or stage IV breast cancer, women undergoing bilateral risk-reducing mastectomy, papers published outside of the United States, and papers published prior to 2015.
- Covidence was utilized to aid in data extraction
- **Factors influencing patient choice for prophylactic mastectomy:** surgeon preference, age, adjuvant treatment influences, anxiety, lack of knowledge and/or understanding, symmetry, family/friends/social influences, age, extending life, preventing recurrence/decreasing risk, and other.



Results

- 366 citations were reviewed with 68 meeting the specified inclusion criteria.
- Factors most influential for CPM included: **anxiety (45%), lack of knowledge regarding their cancer (43%), lack of understanding regarding future cancer risk (44%), and the desire to extend/prolong life while avoiding future treatment (35%)**
- Surgeon preference (35%) and a desire for symmetry (31%) also were important factors when choosing CPM.



Discussion

- As treatment modalities evolve over time, patients with early-stage breast cancer now have multiple surgical options.
- Surgeons have the unique opportunity to inform, and direct, their patients both from a surgical and medical therapy standpoint
- The general consensus that BCT is more favorable to mastectomy with CPM stems from less invasive surgical management, preservation of the patient's native anatomy, and preservation of sensation among many reasons.
- Anxiety, desire to extend life, lack of knowledge regarding treatment approaches, and an exaggerated risk of recurrence perception were the most cited surgical decision-making factors for patients.
- Surgeon preference, a desire for breast symmetry, and age, were also large factors for patients when deciding their surgical approach.

Future Directions

- Further studies should consider how patient autonomy, and the right to choose their own treatment path, can be honored with best conveying surgeon recommendation for BCT.
- Physicians practice with the principle "do no harm." Removal of a healthy breast, with no difference in patient outcome, goes against this standard.
- Future studies should focus on the balance of a patient's right to bodily autonomy with unnecessary medical intervention

