Benefits of Breast Reconstruction Last Long Term

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NEW ORLEANS — The benefits of breast reconstruction after mastectomy persist into the long-term survivorship period, Dr. Emily Hu reported at the annual clinical congress of the American College of Surgeons.

Dr. Hu presented surveys that demonstrated greater emotional and physical well-being in breast cancer survivors who had reconstruction surgery than in those who had mastectomy only. Her cross-sectional surveys also showed that women who underwent transverse rectus abdominis myocutaneous (TRAM) reconstruction more than 8 years ago were more satisfied with the aesthetics of their reconstructed breast than were those who received an expander or implant.

Dr. Hu and her colleagues surveyed 391 women who had been treated at the University of Michigan, Ann Arbor, for breast cancer since 1977. The mean follow-up period was 7 years, ranging from 3 to 30 years. Most of the group (247) had breast reconstruction surgery, while the rest (144) had only mastectomy. The groups were divided into three survivorship periods: 5 years or less since surgery, 6-8 years since surgery, and more than 8 years since surgery.

Both groups rated their quality of life as high; among short-term survivors, those who had breast reconstruction reported a significantly higher QOL.

Women rated their current general quality of life on a scale of 0 to 100, and their quality of life with regard to their breast surgery on a Likert scale (1 to 5).

Overall, both groups rated their quality of life as high (84 for the reconstruction group and 82 for the mastectomy-only group). Although there was no significant difference in overall quality of life between the groups, there was a significant difference among the short-term survivors: those who had reconstruction reported a significantly higher quality of life (88 vs. 81).

This difference disappeared over time, however, said Dr. Hu of the plastic surgery department at the university.

When the women rated specific quality of life issues with regard to their breast surgery, significant differences emerged over the long term, all of which favored reconstruction. "We asked women to compare their current quality of life in these areas to that which they experienced before their surgery," Dr. Hu said. "In the long-term group, women who had reconstruction were 4.5 times as likely to report improvement in emotional well-being, and 4 times as likely to report improvement in physical well-being."

These women were also six times as likely to report improved social interaction and eight times as likely to report improved sexual function as were their mastectomy-only counterparts.

"The psychosocial benefits of breast reconstruction persist into the long-term survivorship period," Dr. Hu said. "We should continue to recommend reconstruction to patients and work to improve access for all those who desire it."

The investigators also surveyed a group of 228 women who had undergone breast reconstruction since 1977 with either TRAM (117) or expander or implant (111). The groups were stratified into the same three follow-up periods.

In the short-term groups, there were no significant differences in overall satisfaction or aesthetic satisfaction (appearance, shape, softness, or projection of the reconstructed breast).

In the long-term group, however, significant differences emerged. Compared with survivors who received an expander or implant more than 8 years ago, TRAM patients were 6 times as likely to be satisfied with the appearance of the reconstructed breast, 24 times as likely to be satisfied with its shape, and 30 times as likely to be satisfied with its softness.

The percent of expander or implant patients satisfied with their aesthetic outcomes fell significantly from the short-term to the long-term periods, dropping from 82% to 45% satisfaction with appearance, 71% to 35% satisfaction with shape, and 67% to 35% satisfaction with softness. The number of TRAM patients satisfied with these outcomes remained consistent (75%-80%) over all the periods. ■