



Patients prioritize their fears of recurrence and cosmetic outcome in surgical decision making

“I wanted a mastectomy, I didn't want to take any more chances. **My surgeon pushed back a little** and said a lumpectomy would be a good option. **But I couldn't lie awake at night with that choice.**”

“I was told with lumpectomy, **I would be really deformed** because of the lack of tissue... **it made the most sense to do a mastectomy**”



Figure 1

Background

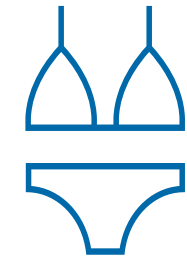
- For early-stage breast cancer, patients have equivalent oncologic outcomes for mastectomy or lumpectomy (BCT)₁
- Surgery choice may affect BREAST-Q₂ domains differently for each patient:



Psychosocial well-being



Physical well-being



Breast satisfaction



Sexual well-being

Methods

- Breast cancer survivors participated in Zoom interviews
- Survivors described changes in quality of life over time in BREAST-Q domains
- Inductive thematic analysis of transcripts

Results

- N = 14 participants
- Mean age 57 years (41-76)
- Fear of recurrence and cosmetic outcomes are major themes for patients in surgical decision making (Figure 1)
- Common themes identified on qualitative analysis: reduced sense of control, fear of recurrence, physical challenges with hormone therapy, evolution in confidence, and logistics of care affecting quality of life (Table 1)

Common Themes

Main Theme	Sub-Theme
Perception of Control and Emotional Well-being	Overwhelm at Diagnosis
	Shift in Identity
	Gratitude in Survivorship
Fear of Recurrence	Guiding Surgery Decision
	Fear in Survivorship
Experiences with Hormone Therapy	Physical Changes
	Sexual Health Changes
Impact on Self Esteem and Self Image	Guiding Surgery Decision
	Confidence in Survivorship
Logistics of Care	Rural Transfer of Care
	COVID

Table 1

Conclusions and Implications

- The impact of breast cancer care extends past medical or surgical “cure”
- Patients report fear of recurrence and cosmetic outcome as major drivers in surgery decision
- Understanding key patient values allows them to be prioritized in surgical decision making

References

1. Kummerow, K.L., et al., *Nationwide trends in mastectomy for early-stage breast cancer*. JAMA Surg. 2015. 150(1): p. 9-16.
2. Pusic AL, Klassen AF, Scott AM, Klok JA, Cordeiro PG, Cano SJ. Development of a new patient-reported outcome measure for breast surgery: the BREAST-Q. *Plast Reconstr Surg*. 2009;124(2):345-353. doi:10.1097/PRS.0b013e3181ae807