

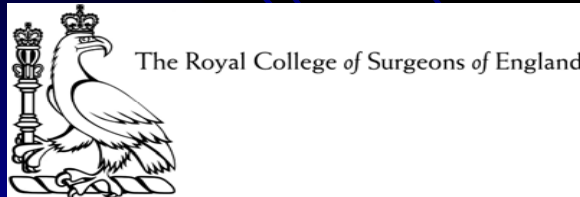
Are women undergoing mastectomy offered immediate breast reconstruction?

Results from a national prospective audit

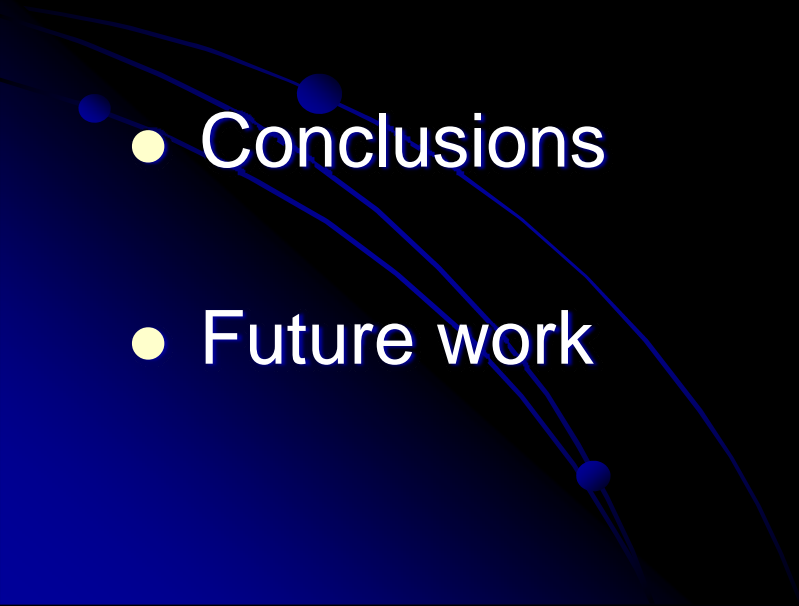
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NCIN
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Outline of this presentation

- Overview of the audit
 - Relevant national guidance
 - Key findings
 - Conclusions
 - Future work
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Mastectomy

- Breast cancer is the most common cancer diagnosed in women in England
- 36,939 new cases in 2004 and 10,297 deaths in 2005 (ONS, England)
- In 2005-06, 43% of women treated surgically underwent mastectomy (HES, England)

Breast reconstruction

- May involve using:
 - an implant or expander
 - a flap of the patient's own tissue
 - a combination of the two
- At the time of the mastectomy (immediate) or at a later date (delayed)
- In 2005-06, 11% of mastectomy patients underwent immediate reconstruction (HES, England)

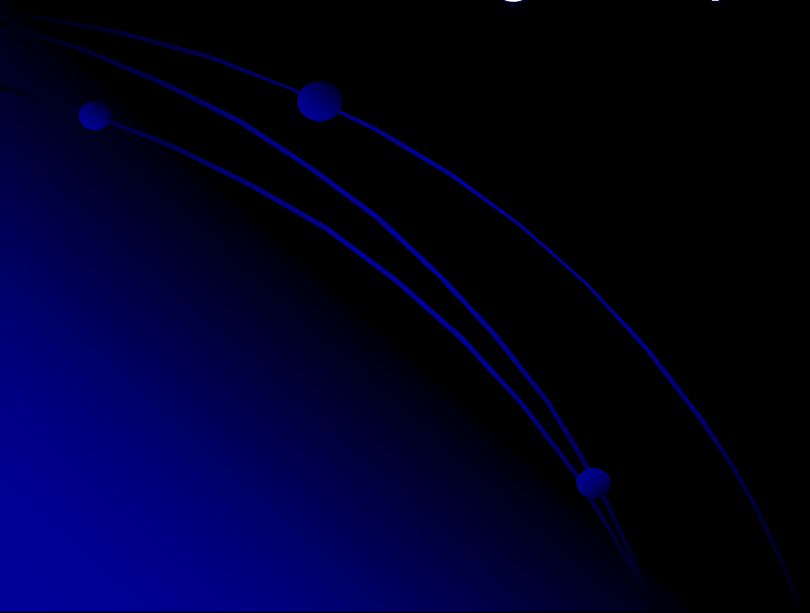
The National Mastectomy and Breast Reconstruction Audit

- **Describe provision of and access to breast reconstruction in England**
- Evaluate mastectomy and breast reconstruction practice
- Measure the outcomes of mastectomy
- Assess the quality of information provided to women undergoing mastectomy and their satisfaction with reconstructive choices

Initial guidance

NICE recommendations (IOG 2002):

“Surgeons should discuss breast reconstruction with all patients. Reconstruction should be available at the initial surgical operation.”



Current guidance

NICE guidelines (February 2009):

- *Discuss immediate breast reconstruction with all patients who are being advised to have a mastectomy, and offer it except where significant comorbidity or (the need for) adjuvant therapy may preclude this option.*
- *All appropriate breast reconstruction options should be offered and discussed with patients, irrespective of whether they are all available locally.*

What did we collect?

Reconstructive decision-making data

PLEASE COMPLETE IF IMMEDIATE RECONSTRUCTION HAS NOT BEEN PERFORMED

Was immediate reconstruction offered to this patient? ☐ Yes ☐ No

If immediate reconstruction was not offered, why was this? (please select all that apply)

Patient appropriateness for surgery:

- ☐ Advanced stage of disease
- ☐ Concerns about local recurrence
- ☐ Age of patient
- ☐ Degree of co-morbidity (e.g. cardio-respiratory disease)
- ☐ Lifestyle factors (e.g. smoking)
- ☐ Cognitive impairment
- ☐ Mental health issues (e.g. psychiatric illness)

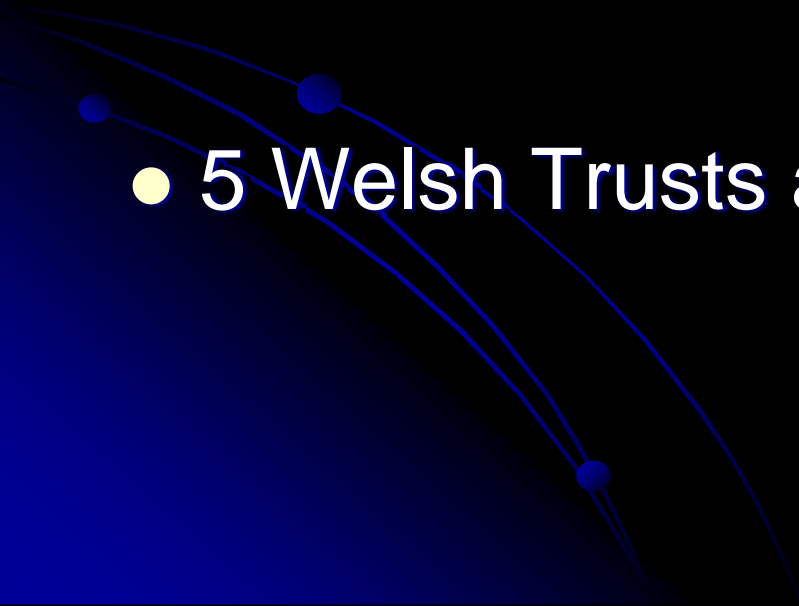
Treatment pathway issues:

- ☐ Patient has undergone recent neo-adjuvant chemotherapy
- ☐ Adjuvant radiotherapy to chest wall anticipated for this patient
- ☐ Reconstructive surgery would delay other anticipated adjuvant therapies

Service access issues:

- ☐ Immediate reconstruction not available locally
- ☐ Immediate reconstruction would significantly delay mastectomy surgery

Audit participation

- 151 (100%) English NHS Trusts
 - 106 independent sector hospitals
 - 5 Welsh Trusts and 1 Scottish Trust
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Patient population

18,074 women registered (M-only, IR, DR groups)

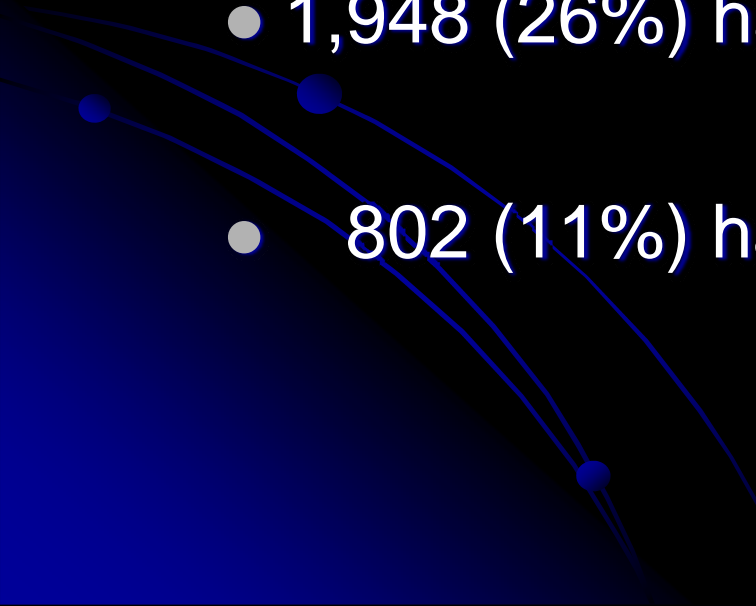
Of 17,062 women with complete operative data:

- 15,481 underwent mastectomy
- 3,217 (21%) of these mastectomy patients had immediate reconstruction
- 1,581 underwent delayed reconstruction

Who was offered immediate reconstruction?

- 15,481 mastectomy patients in total
- 3,217 (21%) offered IR and accepted
- 4,236 (27%) offered IR and declined
- 7,484 (48%) not offered IR
- 544 (4%) offer status not recorded

Why was the offer not made?

- Of the 7,484 women not offered IR:
 - 4,915 (66%) were judged inappropriate for surgery
 - 1,948 (26%) had adjuvant therapy issues
 - 802 (11%) had problems with availability
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Reasons given for reconstruction being inappropriate

- 20.5% - advanced stage of disease
- 18.9% - age of patient
- 16.4% - degree of co-morbidity
- 11.6% - concerns about local recurrence
- 3.2% - lifestyle factors
- 1.0% - cognitive impairment
- 0.6% - mental health issues

Characteristics of women not offered reconstruction

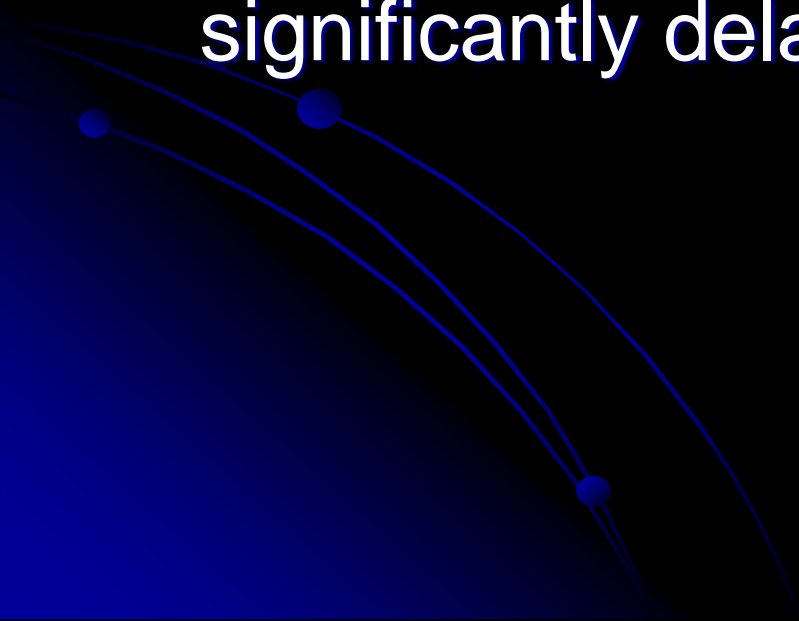
	IR not offered	IR offered
Age (mean)	64.9	56.8
ASA grade III or IV / %	17.6	3.8
ECOG score 2+ / %	21.6	3.6
Diabetic / %	8.9	4.2
Smoker / %	13.7	12.7
Obese / %	45.0	38.8

Issues around adjuvant therapy

- 3.5% - recent neo-adjuvant chemotherapy
- 17.1% - adjuvant radiotherapy to chest wall anticipated
- 5.3% - reconstructive surgery would delay other anticipated adjuvant therapies

Reconstructive availability

- 5.4% - immediate reconstruction not available locally
- 1.4% - immediate reconstruction would significantly delay mastectomy surgery



Key messages

- NICE guidance with respect to immediate reconstruction is not implemented fully
- Signs of improvement (increased IR rate) but clinicians need to ensure that they offer women the full range of appropriate reconstructive procedures, even if not available locally

Future work

- Aim to explain geographical variation in the threshold at which women are offered IR
- This will be done by linking decision-making data to:
 - patient characteristics
 - 3 and 18 month patient-reported satisfaction and outcomes data

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Thank you!

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