

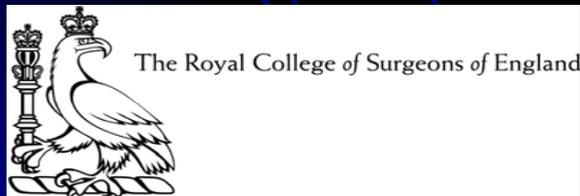
# Are women undergoing mastectomy offered immediate breast reconstruction?

## Results from a national prospective audit

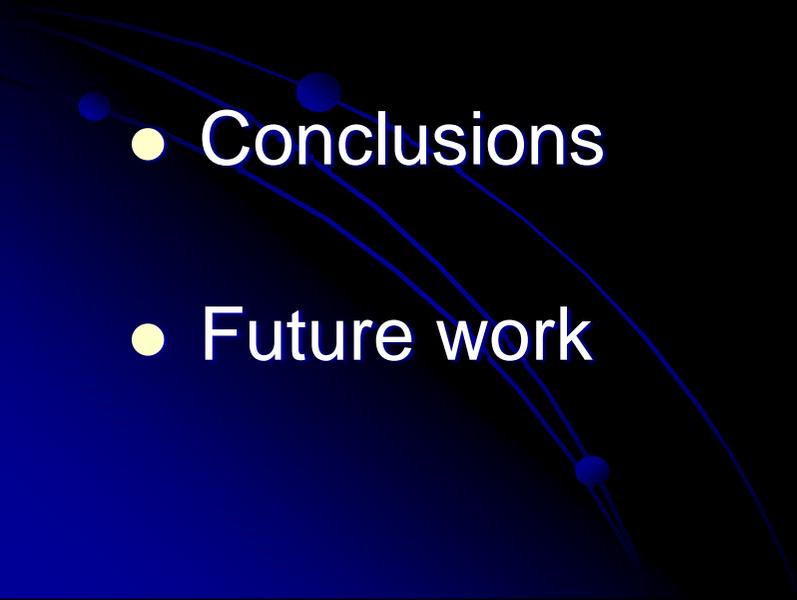
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NCIN  
25<sup>th</sup> June 2009



# 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)

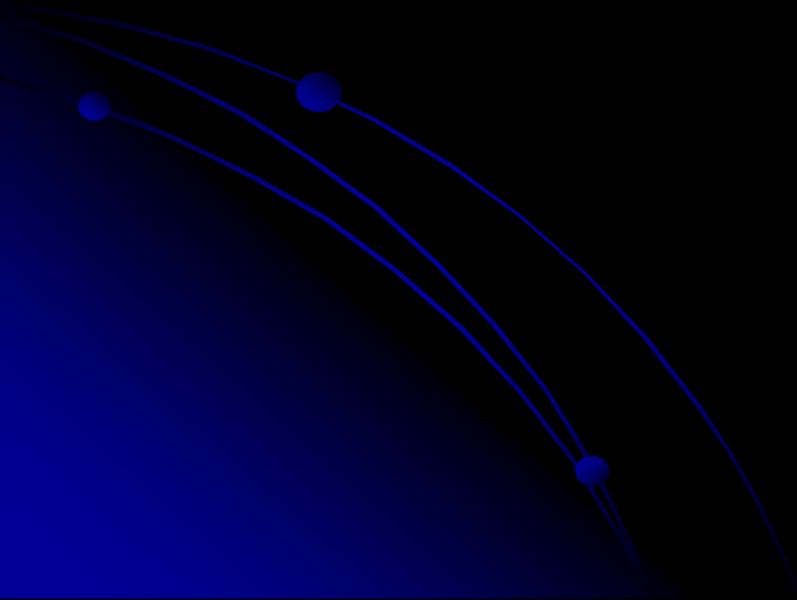
# The National Mastectomy and Breast Reconstruction Audit

- **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)

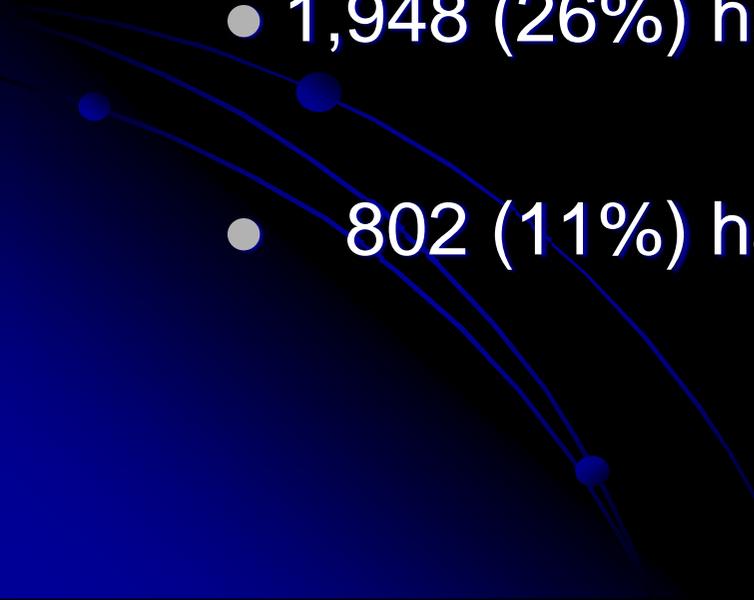
Of 17,062 women with complete operative data:

- 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

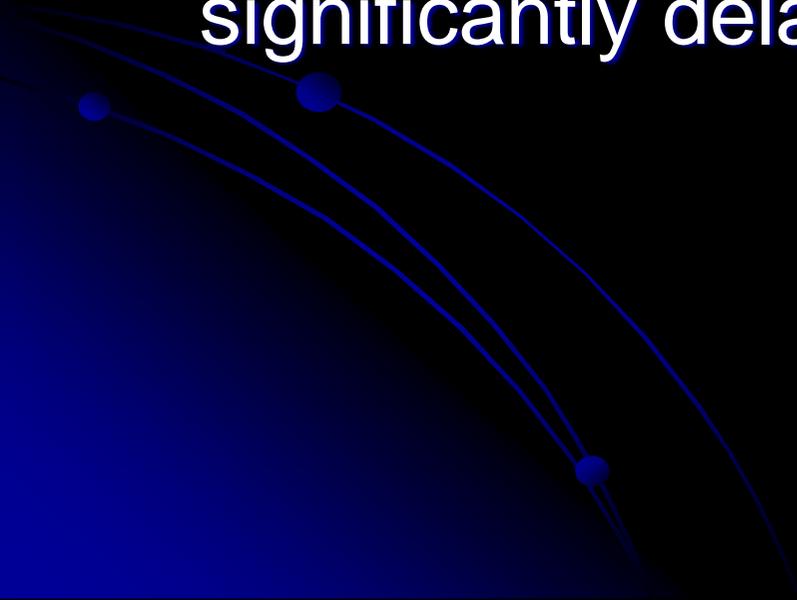
# Characteristics of women not offered reconstruction

	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

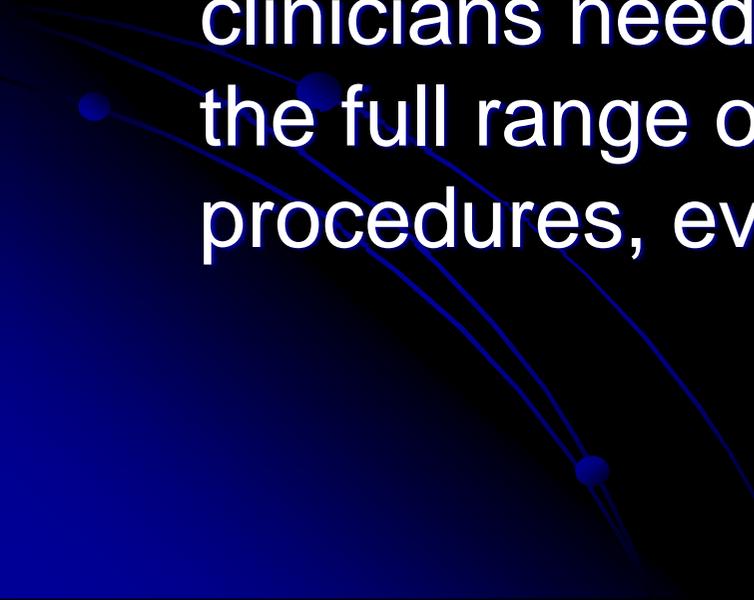
# Issues around adjuvant therapy

- 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
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# 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
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# 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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- Carmel Sheppard  
*The Royal College of Nursing*
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*The Information Centre for Health and Social Care*

# Thank you!

## Second Annual Report due October 2009

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BAPRAS British Association of Plastic  
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