SOCIO-ECONOMIC AND GEOGRAPHIC DIFFERENCES IN IMMEDIATE RECONSTRUCTION AFTER MASTECTOMY IN THE UNITED STATES

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This is a retrospective study assessing socio-economic and geographic variables of almost 15,000 patients who underwent mastectomy in 2008 in the United States. A statistical analysis was carried out on three groups of patients, namely, those without breast reconstruction, (NR), those who underwent breast implant/tissue expander reconstruction (TE) and those with autologous reconstructions such as a free or pedicled flap (FLAP). The majority of the patients, almost 64% had NR, 24% TE and the remainder underwent FLAP. Women with TE or FLAP were younger patients compared to NR and had fewer underlying comorbidities. Women who underwent breast reconstruction in general lived in area codes with a higher average income, and had better levels of medical insurance.

The authors claim that this is the first National study analysis insurance type and geographic variations showing statistically significant disparities in the rate and type of breast reconstruction after mastectomy. The overall rate of immediate reconstruction in the study was 36.1%, and this represents almost a 100% increase on the rates reported fifteen years previously. This reflects a trend towards greater patient awareness of reconstructive options, including the availability of immediate breast reconstruction and the referral to Plastic Surgeons.

The authors discuss the disparities in Health Care existing across the United States based on differing socio-economic and geographic variables, demographics such as age, race, insurance type. Studies have already shown certain factors related to the decision making with regard to breast reconstruction, namely the stage of the disease, the associated comorbidities in the patient and the medium income and insurance status of the patient. This particular study has shown that immediate breast reconstruction (IBR) is associated with younger patients, those with fewer medical conditions, those with private insurance and finally patients living in urban areas. The authors indicate that further research is required to assess factors which may influence the decision to perform IBR such as education level, tumour status, the use of chemo-radiation, and the involvement of academic teaching hospitals. The data in this publication was limited to breast reconstructions that were performed at the same...
hospital admission as the original mastectomy. The data did not include patients who received breast reconstruction performed as a delayed procedure. The authors conclude that the decision for IBR is multifactorial in nature, and indicate that greater funding should be made available for patient education and the provision of access to Plastic Surgeons and to larger breast care facilities which would provide greater options to the patient concerning breast reconstruction.

Dr Currer’s comment:
The options of breast reconstruction whether “immediate” or “delayed”, should always be made available to the patient in discussing the surgical management of the breast in the presence of a malignancy. All patients undergoing mastectomy should know that there is an option either immediate or delayed of undergoing breast reconstructive surgery. There are many important issues related to the pathology of the disease which influence the decision making related to breast reconstruction, and as to whether or not this should be considered as “immediate” or “delayed”. Immediate breast reconstruction is best considered in patients with early disease and in particular DCIS only, electing to undergo a mastectomy. In patients who may require systemic chemotherapy owing to the pathological indices associated with their disease, the breast reconstruction considered in the majority of these patients should be that of a “delayed” procedure. The Breast Surgeon and his patient should always consider both the oncological and cosmetic aspects related to the surgical procedure, and these should be discussed in full at the initial and subsequent pre-operative consultations.