

Receiving a breast cancer diagnosis comes with an incredible amount of choices to make about your health; while your cancer care team can help provide you with the options that are suitable for your specific diagnosis, your priorities and preferences are also important factors when deciding which breast cancer treatments are the best option for you.

In this resource we examine options around breast cancer surgery, what they are and what considerations may be given to each one.

<u>Mastectomy Vs. Breast Conserving Surgery (Lumpectomy)</u>

Surgery is often one of the first treatments you will be offered, although, depending on your type of breast cancer, tumour size and available treatments, you may be offered medications to treat your breast cancer prior to surgery. Your surgical oncologist and medical oncologist can discuss whether receiving medications prior to surgery is a suitable option for you.

Depending on the size of your tumour, whether you have a more aggressive breast cancer, or if there's cancer detected in your lymph nodes, your surgical oncologist will recommend whether breast conserving surgery (a lumpectomy) or a mastectomy (full removal of the breast) is the best option for you.

Studies have shown that for patients where breast conserving surgery is a suitable option that the survival outcomes are the same as patients who have undergone a mastectomy [1].

What is the Current Standard of Care and Recommendations Regarding Breast Cancer Surgery?

The American Society of Breast Surgeons (ASBrS) recommends consideration for breast conserving surgery (lumpectomy) for patients who are appropriate candidates. The ASBS also states that even if breast conserving surgery is considered to be an appropriate treatment for a patient that they should also have the option of having a mastectomy if that is the personal preference of the patient [2].

What is the Current Standard of Care and Recommendations Regarding Removing the Breast Without Cancer?

A consensus statement from the American Society of Breast Surgeons (ASBrS) recommends that women with cancer in one breast, who are at average risk, should be discouraged from undergoing a prophylactic mastectomy (removal of the other healthy breast), because most of these women, with the exception of BRCA carriers, will not receive a survival benefit [3]. Women diagnosed with breast cancer do have a slightly greater risk of developing a Contralateral Breast Cancer (CBC), cancer in the other breast, compared to the general population at 0.6% per year; however, because systemic chemotherapy reduces this risk by approximately 20%, tamoxifen by 50% and aromatase inhibitors by about 60%, the risk is actually likely closer to 0.2 – 0.5% per year for those undergoing adjuvant therapies [4].

In addition, the risk of surgical complications is doubled when having a bilateral mastectomy. However, the ASBrS also advises that the final decision should balance the benefits and risk along with the patient preference.

Breast Conserving Surgery: Pro's & Con's

Benefits:

- Less invasive surgery with less breast tissue removed
- Faster recovery time after surgery
- Less complications from surgery
- Better cosmetic results given that a smaller amount of breast tissue is removed
- Same overall survival outcomes as a full mastectomy
- The psychological impact may be less than having one or both breasts fully removed

Considerations:

- Radiation is usually recommended after a lumpectomy which generally requires visiting a cancer centre 5 days a week, for a few weeks.
- If the margins (area around the tumour) are not clear of tumor, a second surgery may need to be performed.

Mastectomy: Pro's & Con's

Benefits:

- Radiation may not be necessary for some patients who have had a mastectomy.
- May offer some psychological relief of not worrying about a recurrence, although the American Society of Breast Surgeons recommends that this is better addressed through psychological supports.

Considerations:

- Longer more complex surgery that removes all breast tissue
- · Longer healing time with greater risk of complications
- Different types of reconstructive surgeries may be available and should be discussed with a plastic surgeon

[1] New England Journal of Medicine:

https://www.neim.org/doi/full/10.1056/neimoa020989

[2] American Society of Breast Surgeons:

https://www.breastsurgeons.org/docs/statements/Performance-and-Practice-Guidelines_-for-Mastectomv.pdf

[3]National Institutes of Health:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4999465/

[4] National Institutes of Health:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4999465/

Self-Advocacy for Breast Cancer Surgery

There may be times where you would like greater clarification and information about your surgical options or the next steps in your treatment plan. If so, you may decide to do some self-advocacy to ensure that your concerns are being addressed. In this resource, we highlight some steps you can take to advocate for your breast cancer surgery.

It is important to understand that self-advocacy can take time. Some options, such as consulting with your healthcare team or requesting a second opinion will take a shorter amount of time compared to working with a patient or provincial ombudsman. You may want to consider the impact that surgery delays could have on your cancer treatments and whether this will significantly impact your outcomes.

Consult With Your Healthcare Team:

When deciding which surgical options would work for you, it is important to first consult your health care team. Your surgeon should recommend options that will work for your specific type of breast cancer. If you have a specific preference for a particular surgical option, share your preferences and concerns with your health care team. Request specific details about why a specific surgical recommendation has been made for you, and inquire about whether your preferred option is available to you.

Request A Second Opinion:

As you make decisions about your healthcare, you may want to consult another surgeon to see what they would recommend. You can ask your family doctor to refer you to another surgeon who does not work with your surgeon. If you have private medical insurance, your insurance provider may also be able to help you obtain a second opinion.

Contact A Regional Patient Ombudsman:

Many hospitals and cancer centres have a patient ombudsman or patient relations program that act as a neutral body to address complaints and concerns related to patient care. The contact information and process for filing a complaint for these specific programs can be found online-usually on the hospital orcancer centre's website.

Many provinces also administer their own Patient Ombudsman programs. These programs typically have jurisdiction over public hospitals and cancer centres. Contact and procedural information for these programs can be found online on your provincial government's website.

Contact Your Provincial Representative:

Since health care falls under the responsibility of the provinces, you may also want to reach out to your provincial elected representative. Your elected official (either an MPP or MLA depending on the province) can listen to your concerns about your care and explore if there are policy changes needed to ensure breast cancer patients are receiving the surgical care they deserve.

To find the contact information for your elected official, you will need to know your electoral district. Visit <u>Elections Canada</u>, and click on the election site for your province. From there, you can search for your electoral district and representative using your home address or postal code.

Contact The Provincial Ministry Of Health:

Either you, or your elected official, may want to get in touch with the Ministry of Health in your province to share your concerns about your surgical care. The Ministry of Health is responsible for setting healthcare policies in your province and ensuring accountability of the provincial health-care system. Visit the <u>Government of Canada</u> to find links to the website of your provincial ministry of health.