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1148244 - Patient factors that affect pre-operative patient-reported outcomes in women undergoing breast cancer surgery

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Background/Objective: Understanding the impact of patient, disease, and treatment factors on pre-operative patient reported outcomes (PROs) is important to guide surgical decision-making with breast cancer.

Methods: This prospective cohort study evaluates PROs in women undergoing breast cancer treatment at a metropolitan health care system. New cases undergo tumor board discussion and same-day consultations with various specialties. Women choose to complete pre- and post-operative Breast-Q[®] Breast-conserving surgery (BCS), mastectomy (M), or reconstruction[®] modules and demographic surveys. Individual associations to pre-operative Breast-Q survey scores were assessed using linear regression models (1 for each Breast-Q survey type). Variables significant for at least 1 survey were included in multiple linear regression models.

Results: A total of 375 women completed the pre-operative surveys (BCS=244, M=39, BR=92). Procedure choice, laterality, race, marital status, employment, prior breast cancer, neoadjuvant chemotherapy, or history of radiation or chemotherapy did not impact PROs. Breast satisfaction decreased with higher BMI (est=-0.367, p=0.045) and Stage II disease (est=-11.011 (vs. Stage 0), p=0.008). Lower psychosocial score was associated with younger age (est=0.271, p=0.002), higher BMI (est=-0.367, p=0.014), and income <\$35k (est=0.172 (vs. 35k+), p=0.016). Similarly, lower physical well-being of the chest was associated with younger age (est=0.207, p=0.011), higher BMI (est=-0.285, p=0.039), and income <\$35k (est=0.218 (vs. 35k+, p=0.039). Sexual well-being decreased with higher BMI (est=-0.545, p=0.004) and income <\$35k (est=0.135 (vs. 35k+), p=0.016).

Conclusions: While factors such as age, BMI, and stage of disease are difficult to change prior to surgery, patients with lower income may need special interventions to assist them through the treatment process.

1148320 - Pregnancy-associated breast cancer: A retrospective, single-institution case series

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Background/Objective: Pregnancy-associated breast cancer (PABC) is associated with worse survival vs non-PABC. Given advances in systemic therapy and recent efforts to de-escalate morbid locoregional treatment, we sought to examine presentation and management of PABC in a contemporary observational cohort of patients.