Should Initial Mastectomy Rates Increase?

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Dr Feigelson and colleagues[1] should be commended for their interesting analysis, "Factors associated with the frequency of initial total mastectomy." Although other studies[2,3] have documented an increase in mastectomy rates to between 35% and 45%, these authors reported a 16.7% rate of initial mastectomy when more strict exclusion criteria for study were met. They discussed variables that might bear on a woman's decision to choose mastectomy, including choice of surgeon and preoperative MRI scan, but there is one very important factor they did not examine: improved mastectomy and reconstruction have changed the patient's choice.

Early in my career, I argued that because of improved mastectomy and reconstructive techniques, the surgical option offered superior rates of local control and equivalent cosmetic outcomes for noninvasive[4] and invasive[5] breast cancer. With the further realization that routine removal of the uninvolved nipple during mastectomy did not confer a survival benefit to patients with early breast cancer,[6] many studies now demonstrate the improved esthetic outcomes of nipple-sparing mastectomy.[7-9] Reconstruction of a nipple-sparing mastectomy with a variety of techniques leaves the patient with an outcome that is cosmetically and oncologically equivalent to that with lumpectomy, but usually without the need for radiation therapy.

Women facing mastectomy once were offered a simple choice: you can have breast preservation with lumpectomy and radiation therapy or you can be mutilated with a mastectomy. Which do you choose? But now the question is much different: we can leave your breast in place, remove the cancer, treat the surrounding tissue with radiation therapy, and monitor you carefully for recurrent cancer; or, we can remove your breast, spare your nipple, and leave you looking almost as good as you would look with lumpectomy but without the same risk of recurrent cancer in your breast. A woman's choice has changed.

The NIH Consensus Conference of 1991 acknowledged that lumpectomy and radiation therapy was an equivalent treatment to mastectomy for the majority of women with early breast cancer. But nipple-sparing mastectomy with immediate reconstruction changes the choice. It is now possible for a woman to enjoy the lower local recurrence rates of mastectomy with an equivalent cosmetic outcome to those of lumpectomy, with the additional benefit that they are usually able to avoid radiation therapy. Therefore, as this choice becomes better understood by doctors and patients alike, we should expect to see a higher rate of mastectomy for the initial treatment of breast cancer.

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Reply

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