


Contralateral symmetrising mastectomy: A systematic review of clinical and patient reported outcomes.

Cora Griffin¹, Imogen Stables², Sam Brunsden³, Katherine Fairhurst¹, Shelley Potter¹
¹Bristol University, ²King's College Hospital NHS Foundation Trust, ³Flat Friends
 Contact: cora.griffin@bristol.ac.uk

Introduction:

To restore chest wall **symmetry** after a unilateral mastectomy for cancer women may be offered:

- **Breast reconstruction**
 - Not all women **want** reconstruction.
 - Not all women are **suitable** for the procedure.
- **Contralateral symmetrising mastectomy (CSM)** (providing 'flat symmetry')
 - No **NICE guidelines** to support the procedure.
 - Often **mislabelled** as 'prophylactic' mastectomy.
 - **Not recommended** (as 'prophylaxis') for women at population breast cancer risk so surgeons are often reluctant to offer it.



Objectives:

- Summarise the evidence: **clinical** and **patient-reported** outcomes for women undergoing CSM.
- A first step to developing **evidence-based** guidelines and an **equitable** patient pathway for women seeking CSM in the UK.

Methods:

- **Systematic search** in MEDLINE, PubMed, CINAHL and PsycINFO
- **Inclusion criteria:** study must have a cohort of women undergoing contralateral mastectomy, without reconstruction, after a unilateral mastectomy for primary or locally recurrent breast cancer.
- **Exclusion criteria:** if all women in the study had higher than population risk of breast cancer, e.g. all BRCA carriers or all with family history.
- **Analysis:** simple summary statistics for quantitative data and content analysis for qualitative data.

Conclusions:

- High-quality **evidence** to inform an evidence-based pathway for CSM is currently lacking.
- A bilateral procedure has inherently more risk of clinical complications compared to unilateral but is safer than reconstruction and associated with **high patient satisfaction**.
- **Education** should be offered to practitioners to eradicate flat denial.


Results:

• 13 quantitative
 • 1 qualitative
 • 1 study with **both** components

- 1872 abstracts → 89 full-text articles → **15 studies included**
- Outcomes in **1,954 women** undergoing CSM.
- **Heterogenous** methods and outcome measures.

Clinical outcomes:


- Odds ratios for any complication in bilateral versus unilateral mastectomy: 1.18 – 2.11
- Reconstruction significantly increased risk of complications (up to 20 times higher)



Patient reported outcomes:

- **High** satisfaction with decision (74 - 97%*) for CSM in all studies
- **Mixed** outcomes for body image and quality of life
- **Worse** outcomes for sexuality
- Themes of **flat denial** and **stigma** identified
- **Motivations** for CSM identified

*different outcome measures used



Flat denial: stigmatising and not accepting going flat as a valid option, sometimes manifesting in surgical practice with incomplete resection of soft tissue from the chest and poor aesthetic outcomes.

Increase Satisfaction with Decision	Decrease Satisfaction with Decision
<ul style="list-style-type: none"> • Using other patient's experiences for decision making • Adequate information on surgical options given • Specialist breast surgeon • First choice of surgery is CSM 	<ul style="list-style-type: none"> • Low surgeon support for decision • Flat denial • BMI >30 • UM (for UM cohort) • Reconstruction complication (for reconstructed cohort)

Table compiling statistically significant influences on satisfaction with decision or decisional regret scores for CSM cohorts (or for other cohort as stated)
 UM: unilateral mastectomy, CSM: contralateral symmetrising mastectomy