

A Single-Center Evaluation of Prophylactic Mastectomy Outcomes: Revisiting the Safety Profile and Risk Factors

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BACKGROUND

Breast cancer represents a significant cause of morbidity and mortality in the United States and more women choose a proactive stance in preventing it.¹ Prophylactic mastectomy (PM) effectively minimizes the risk of breast cancer in high risk patients.² There has been an increase in the number of contralateral (CPM) and bilateral (BPM) prophylactic mastectomies during the last decade.¹

This study aims to:

- Characterize the complication profile associated with PM;
- Compare CPM with therapeutic mastectomy (UM) and BPM complication rates;
- Identify risk factors for complications.

METHODS

Patients:

- Women undergoing PM (CPM or BPM) at our institution from 2010 – 2015.

Complications:

- Categorized according to the Clavien-Dindo Classification of Surgical Complications.³
- Comparison CPM with UM and BPM.

Statistical analyses:

- Pearson's χ^2 test and Fisher's exact test.
- Univariate and multivariate analysis (binary logistic regression).

RESULTS

- The overall complication rate was 16.3%; minor complications 15.1% and major 6.5%.
- CPM, UM ($P=.821$) and BPM ($P=.641$) complication rates were not significantly different.
- Risk factors for minor or major complications: age (≥ 65), obesity, ASA class (≥ 3), smoking, hypertension, anxiety, tissue expander (+ADM), and implant-only reconstructions.

RESULTS

Complication Rates:

Table 1: Therapeutic versus Prophylactic Mastectomy & Contralateral versus Bilateral Prophylactic Mastectomy

	CPM vs. UM	UM (n=272 breasts)	CPM (n=272 breasts)	BPM (n=158 breasts)	Overall PM (n=430 breasts)	CPM vs. BPM
	P	n (%)	n (%)	n (%)	n (%)	P
Minor complications (21)	.726	45 (16.5)	37	23 (14.6)	65 (15.1)	.805
Breast hematoma	.752	6 (2.2)	5	5 (3.2)	9 (2.1)	.237
Breast seroma	.857	17 (6.3)	10	8 (5.1)	24 (5.6)	.721
Breast infection	.406	22 (8.1)	20	11 (7)	28 (6.5)	.773
Other infection	.725	5 (1.8)	4	3 (1.1)	3 (0.7)	.3
Skin necrosis	.737	4 (1.5)	4	6 (3.8)	11 (2.6)	.215
Abdominal hematoma	-	-	-	-	-	-
Post-discharge antibiotics	-	-	13 (4.8)	10 (6.3)	23 (5.3)	.491
Major complications (21)	.707	14 (5.1)	13	12 (7.6)	28 (6.5)	.488
(Minor complication requiring) ¹	.545	4 (1.5)	4	4 (2.5)	11 (2.6)	.979
Reoperation	-	-	-	-	-	-
¹ Readmission	-	-	10 (3.7)	9 (5.7)	19 (4.4)	.326
Pulmonary embolism	-	-	-	-	-	-
Flap vascular insufficiency	.999	2 (0.7)	1	1 (0.4)	1 (0.2)	.1
Flap thrombosis	-	-	1 (0.4)	1 (0.6)	2 (0.5)	.697
Lymphedema	.033	7 (2.6)	4	-	1 (0.2)	-
No complications	.821	224 (82.4)	206	134 (84.8)	360 (83.7)	.641

*: Underwent postmastectomy reconstruction

Risk Factors:

On multivariate analysis age (≥ 65), hypertension and tissue expander usage were predictive of minor complications. Anxiety and tissue expander usage were risk factors for breast seroma, whereas a normal BMI was protective. ASA class (≥ 3), tissue expander (+ ADM) and implant-only reconstructions were risk factors for breast infections. Hypertension was the only risk factor for major complications in multivariate analysis. Significant risk factors for readmission were obesity, current smoking, and anxiety.

Table 2: Risk Factors for Minor and Major Complications

	Risk factors:			Protective:
Minor complications	Age: [3.15(1.26-7.88), .014]	Hypertension: [2.11(1.07-4.14), .031]	TE: [2.42(1.06-5.54), .036]	Normal BMI: [0.22(0.06-0.8), .021]
Breast seroma	TE: [3.37(1.01-11.27), .049]	Anxiety: [2.88(1.09-7.62), .034]		
Breast infection	ASA class: [2.53(1.03-6.21), .043]	Implants: [4.45(1.5-13.26), .007]	TE: [4.76(1.47-15.38), .009]	TE+ADM: [7.02(1.71-28.72), .007]
Major complications	Hypertension: [2.93(1.2-7.15), .018]			
Readmission	Obesity: [2.69(1.01-7.15), .047]	Smoking: [6.21(1.53-25.12), .010]	Anxiety: [3.86(1.41-10.57), .008]	

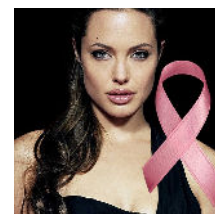
[Odds Ratio(95% Confidence Interval), P-value]. ADM: Acellular Dermal Matrix; ASA: American Society Anesthesiologists Physical Status; Normal Body Mass Index (BMI): 20-24.99 kg/m²; TE: Tissue Expander

CONCLUSION

Prophylactic mastectomy in combination with reconstruction is becoming safer and more popular.² Our data suggest that autologous reconstructions result in fewer complications than other techniques. Careful preoperative patient selection and optimization of modifiable risk factors is important in improving outcomes.

"I do not feel any less of a woman. I feel empowered that I made a strong choice that in no way diminishes my femininity."

- Angelina Jolie after getting a double prophylactic mastectomy



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