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478 - HIGH LEVELS OF SATISFACTION WITH CARE AFTER BREAST CANCER SURGERY

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Introduction: Despite improvements in surgical techniques, oncologic breast surgery can have a profound impact on women's health. Advances in breast cancer treatment result in longer survival times, highlighting the importance of conceptions of quality of life and personal satisfaction. Evaluating these outcomes in surgical breast cancer patients provides essential information to improve shared decision-making. **Objectives:** The purpose of this study was to evaluate satisfaction with care in patients undergoing breast-conserving surgery (BCS) or nipple-sparing mastectomy (NSM) for the treatment of breast cancer. **Methods:** This is a retrospective cross-sectional study using a database of women who underwent BCS or NSM for breast cancer treatment from January 2017 to December 2017. All procedures were performed by a same senior breast surgeon. Clinical-pathological data were assessed from the medical record and the patient's follow-up was updated during appointments. All patients filled out an electronic version of the BREAST-Q questionnaire. This study received approval from the ethics committee of the Pontifícia Universidade Católica do Rio Grande do Sul and all participants signed the consent form. **Results:** The BCS and NSM groups were composed of 75 and 70 women, respectively. Patients in the NSM group were younger at the time of surgery than those in the BCS group, with a mean age of 45.4 and 55.7 years, respectively ($p < 0.05$). The median follow-up time since surgery was 29.2 months in the BCS and 28.1 months in the NSM group ($p = 0.876$). Satisfaction with care was extremely high and not statistically different between groups. The related satisfaction scores by BCS and NSM groups were respectively: with surgeon 98.1 ± 5.4 versus 96.3 ± 8.8 , with medical team 97.7 ± 7.2 versus 94.8 ± 16.8 , with office staff 97.4 ± 11.2 versus 96.9 ± 8.2 , and with surgeon's information 80.8 ± 23.8 versus 80.1 ± 19.2 . After adjustment for clinical-pathological variables, we found no difference in the results compared to the nonadjusted analysis. **Conclusion:** Our study shows that there is no difference in satisfaction with care between women who underwent BCS and NSM for the treatment of breast cancer. Furthermore, the level of satisfaction was extremely high in both groups, highlighting the importance of the support offered by the surgeon and his team, and patient's involvement in the decision-making process regarding surgical treatment.