

PRESENTATION: ORAL PRESENTATION (GENERAL SESSION)

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1041 – Quality of life associated with extreme oncoplasty: a matched case-control study

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Introduction: Extreme oncoplasty (EO) allows patients who would otherwise be candidates for mastectomy to undergo breast-conserving treatment (BCT). In the literature, only one case-control study has evaluated quality of life (QoL) related to EO, showing better results in this group; however, those patients underwent reconstruction with a myocutaneous flap. There is a lack of studies evaluating patients under similar conditions.

Objective: This study aimed to evaluate QoL in patients undergoing EO techniques compared to traditional BCT.

Methods: This is a cross-sectional, prospective, matched case-control study. The minimum total samples size was 135 patients (1:1.5 ratio). Matching variables included age group, educational level, T stage (TNM), and neoadjuvant chemotherapy. BCCT.core software evaluated cosmesis. The QoL questionnaires used were EORTC QLQ-C30, EORTC QLQ-BR42, Breast-Q for BCT, BCTOS, and HADS. The Mann–Whitney test was applied for group comparisons.

Results: From February to December 2025, 213 patients undergoing BCT were evaluated (83 EO and 130 control group; 1:1.5 ratio). The groups were adequately matched ($p > 0.05$). Indications included multicentric tumors ($n = 20$), tumors larger than 5 cm ($n = 4$), and unfavorable breast-to-tumor ratio ($n = 39$). The symmetrization rate was low, occurring only in the case group in 16.9% ($n = 14$) of patients. Patients undergoing classic BCT showed better excellent/good cosmesis (70.7% BCT vs. 27.7% EO). When comparing QoL questionnaire scores, differences were observed only in BCTOS cosmesis ($p < 0.001$), with greater asymmetry between breasts in EO patients. A nonsignificant but relevant difference was noted in the Breast-Q questionnaire regarding sexual satisfaction ($p = 0.06$) and overall satisfaction ($p = 0.06$), with better results in patients undergoing traditional BCT.

Conclusion: Inferior cosmetic outcomes were influenced by the low symmetrization rate. In patients undergoing EO, QoL was not inferior to that of patients undergoing classic BCT, fully supporting the use of this surgical approach, as it avoids mastectomies.

Ethics: Research Ethics Committee Approval (CAAE 81166124.9.0000.5105).

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Keywords: breast neoplasms; quality of life; oncoplastic surgery; extreme oncoplasty; segmental mastectomy.