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1109 – Mastectomy with immediate reconstruction versus breast-conserving surgery for breast cancer treatment: quality of life assessment

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Introduction: Breast cancer is a major public health problem, and high morbidity and mortality rates are mainly related to late diagnosis. Breast-conserving surgery (BCS) combined with radiotherapy is considered safe and effective; however, in some cases, mastectomy with immediate reconstruction (MIR) is necessary. Nevertheless, these approaches may impact patients' quality of life (QoL) differently, which should be taken into consideration in the therapeutic choice.

Objective: This study aimed to evaluate and compare QoL between women undergoing MIR and those undergoing BCS.

Methods: This cross-sectional study was conducted at an oncology reference hospital in Pernambuco. Forty patients with breast cancer were included: 20 who underwent MIR and 20 who underwent BCS, treated between 2023 and 2024. Metastatic or prophylactic cases were excluded. QoL was assessed using the EORTC QLQ-BR23 questionnaire, which contains 23 questions divided into functional and symptom scales. Descriptive statistical analysis of categorical variables was expressed in absolute and relative frequencies. For continuous variables, the mean and standard deviation were calculated. Pearson's chi-square test was used for categorical variables, with a 95% confidence interval and a significance level set at $p < 0.05$.

Results: The mean age was 49.7 years, and the demographic profile was similar between the groups. Regarding QoL, there were no statistically significant differences between the groups concerning breast and arm symptoms, systemic therapy side effects, sexual functioning and enjoyment, hair loss, and future perspective. The only variable with a significant difference was body image perception, with better scores in the group undergoing BCS compared to MIR ($p = 0.0005$).

Conclusion: The data show a relative benefit of BCS over MIR, which is expressed in the better body image perception of patients undergoing BCS. Study limitations include the lack of assessment of surgical complications and radiotherapy administration. The findings reinforce the need for personalized assessment to understand the impact on patients' global QoL.

Ethics: Research Ethics Committee Approval (CAAE 80537924.0.0000.5192).

Keywords: breast neoplasms; quality of life; mastectomy; breast conserving surgery.