Do women aim to please? Partner satisfaction as a driver of surgical decision-making in breast cancer treatment.

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Background

• A partner is often an important resource to patients during a breast cancer diagnosis.
• A partner may aid surgical decision-making when choosing between lumpectomy and mastectomy.
• We analyze whether partner opinion influences surgical choice.
• We also determine how choice of operation affects comfort level with one’s partner post-operatively.

Methods

• Prospective anonymous survey.
• Breast cancer patients >18 years old.
• Breast surgery between 2000 and 2014.
• Eligible patients were identified at follow up visits.
• Categorical variables were compared by Chi-square or Fisher’s exact test.

Results

• 396 patients included in the analysis.
• The majority of patients were in a relationship (77.5%).
• 74.4% of partnered patients had their partner present at surgical consultation.
• Procedures divided into
  – Lumpectomy (L), n=269 (67.9%)
  – Mastectomy without reconstruction (M), n=34 (8.6%)
  – Mastectomy with reconstruction (MR), n=93 (23.5%)

Figure 1. People who had the biggest impact on surgical decision making in patients who chose lumpectomy (L), mastectomy without reconstruction (M) or mastectomy with reconstruction (MR).

• Satisfying the partner at time of surgical decision-making found to be overwhelmingly unimportant with no difference between groups (56.8%MR vs. 64.3%M vs. 58.3%L, p=0.8).
• Only 7.5% of patients identified their partner as having the greatest impact on surgical decision-making.
• Preoperatively, the L group was most comfortable with their partner seeing their chest (91.9%L vs. 75.9%M vs. 83.9%MR, p=0.01) and this distribution did not change postoperatively however a significant drop occurred (79.2%L vs. 53.8%M vs. 66.7%MR, p=0.01) (Figure 2).
• Pleasurable caressing of the breasts was reported preoperatively at similar rates (90.3%L vs. 92.3%MR, p=0.3) however after surgery pleasure dropped considerably (70.3%L vs. 15.3%MR, p<0.0001) (Figure 2).

Table 1. For patients offered a L, depending on whether they proceeded to L or chose MR, their view on the importance of breasts in sexual intimacy changed drastically after surgery.

<table>
<thead>
<tr>
<th>Role of breasts in intimacy</th>
<th>Chose lumpectomy (L) n (%)</th>
<th>Chose mastectomy (MR) n (%)</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>before surgery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Important</td>
<td>218 (83.8)</td>
<td>21 (91.7)</td>
<td>0.3</td>
</tr>
<tr>
<td>Not Important</td>
<td>42 (16.2)</td>
<td>3 (8.3)</td>
<td></td>
</tr>
</tbody>
</table>

Conclusions

• If the patient was a candidate for L but chose MR, the role her chest played in intimacy dropped to a greater degree compared to the L group (Table 1).

References