Purpose: There has been a substantial increase in the number of North American women with unilateral breast cancer undergoing a therapeutic mastectomy and a contralateral prophylactic mastectomy (CPM) either simultaneously or sequentially. The goal of this project was to create a nationally endorsed consensus statement for CPM in women with unilateral breast cancer using modified Delphi consensus methodology.

Methods: A nationally representative panel was invited to participate in the generation of a consensus statement. A systematic qualitative and quantitative review was completed. Thirty-nine statements were created in five topic domains: pre-disposing risk factors for breast cancer, tumour factors, reconstruction/symmetry issues, patient factors, and miscellaneous factors. Panels were asked to rate statements on a seven-point Likert scale. Two electronic rounds of iterative rating and feedback were anonymously completed, followed by an in-person meeting. Consensus was reached when there was at least 80% agreement for each statement.

Results: The panel included 19 general surgeons, 2 plastic surgeons, 2 medical oncologists, 2 radiation oncologists and 1 psychologist. Overall, CPM was not recommended for average risk women with unilateral breast cancer. The panel recommended CPM for women with a unilateral breast cancer and previous Mastectomy field radiation or a BRCA 1/2 gene mutation. The panel agreed that CPM could be considered by the surgeon on an individual basis for: women with unilateral breast cancer and a genetic mutation in any of CHEK2/PTEN/PS3/PALB2/CDH1 genes, and in women who may have significant difficulty achieving symmetry after unilateral mastectomy.

Conclusion: CPM is rarely medically recommended for women with unilateral breast cancer.

Background

- In the United States, the rate of CPM is increasing by 1% yearly with highest rates in younger women with low risk disease.
- Increasing rates of CPM are predominantly a patient-driven phenomenon.
- Previous research demonstrated that women predominantly chose CPM in addition to a therapeutic mastectomy because they overestimate their risk of developing a contralateral breast cancer, their risk of a breast cancer recurrence, and their risk of dying from breast cancer.

Objectives

- To create a methodologically rigorous, nationally endorsed, consensus statement on CPM for women with unilateral breast cancer.

Methods

- Key Features of a Modified Delphi process (Fig 1):
  - Systematic literature review
  - Representative expert panel to anonymously assess and rank agreement with statements about atopic
  - Iterative feedback to participants for multiple rounds of ranking
  - In-person meeting of participants to finalize consensus statements
  - 80% agreement/disagreement was utilized to signify consensus

- Systematic review of quantitative & qualitative literature to support statements about specific scenarios associated with CPM (pre-disposing risk factors for breast cancer, tumour factors, breast reconstruction and symmetry, patient factors)

Panelists:

- General and plastic surgeons, medical and radiation oncologists, psychologist with expertise in breast cancer
- Broad geographic Canadian representation
- Stakeholder agency/advocacy representation

Discussion

- This consensus statement provides guidance for clinicians on when and when not to recommend CPM and is concordant with the American Choosing Wisely Statement
- Next steps include dissemination via patient and physician stakeholder groups

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