Bilateral Mastectomy—Has the Time for Co-Surgeons Arrived? Results from the ASBrS Survey

Melissa Anne Mallory, MD1,2 Monica G. Valero, MD1,2 Jiani Hu, MPH2; William Barry, PhD2; Katya Losk, MPH2; Suniti Nimbkar, MD1,2 Mehra Golshan, MD1,2

1Department of Surgery, Brigham and Women’s Hospital, Boston, MA; 2Harvard Medical School, Boston, MA; 3Medical Oncology, Dana-Farber Cancer Institute, Boston, MA;
4Department of Biostatistics & Computational Biology, Dana-Farber Cancer Institute, Boston, MA

BACKGROUND
• Bilateral mastectomies (BM), done either in the setting of hereditary predisposition or sporadic breast cancer, are being increasingly performed nationwide, with a tripling of these operations in the past decade.1
• BMs are traditionally performed by a single attending surgeon, however an alternative two-attending ‘co-surgeon’ technique (CST) in which each surgical attending concurrently performs a unilateral mastectomy has been described. This offers an alternative surgical approach with the potential for operative time-savings.2,3

OBJECTIVE
• To assess national BM practice patterns to better elucidate the current and potential future role for the CST.

METHODS
• An electronic questionnaire was sent to the members of the ASBrS in November 2016 following institutional IRB approval.
• Survey data collected included practice type (private vs academic, general vs breast only), geographic location, years in practice, number of surgical partners, BM annual case load and information on surgeons utilization patterns, interest in, and perceived benefits/drawbacks of the CST.
• Comparisons of categorical variables were made using a Fisher’s exact test, a Pearson chi-squared test or a mean score test.

RESULTS

Co-Surgeon Technique (CST) Utilization

| Members who received the questionnaire | 2466 |
| Members who completed survey | 570 |
| 82% never used CST | 468 |
| 18% using/ have used CST | 102 |
| Always use CST | 10 |
| Sometimes use CST | 92 |

Some Perceived Benefits of CST
• Time-savings (71%, n=72)
• Opportunity to learn new techniques (35%, n=36)

Interest in Future CST Use by Current Non-Users

Not interested in future CST use; 67%

Interested in future CST use; 33%

Perceived Drawbacks of CST by those not currently using and not interested in future use:
- Lack of sufficient time savings (48%, n=158)
- Inability to find another surgeon (42%, n=138)
- Personal preference to work alone (33%, n=108)
- Insufficient reimbursement (30%, n=99)

Surgeons not using but interested in future CST use are:
- More likely to be in practice for fewer years
- More likely to be in smaller practices (<10 surgeons)
(99% n=160 vs. 92% n=305, p<0.001)

CONCLUSIONS
• Most surgeons surveyed performing BMs use the traditional SS method; however 18% occasionally use the CST as an alternative approach.
• A significant minority of surgeons (33%) are interested in learning more about and using the CST in the future.
• Time-saving, mentorship, and opportunity to learn techniques are some of the perceived advantages of the CST.
• Perception of insufficient degree of time-savings and financial reimbursement are some of the potential barriers to CST implementation.
• Further studies on CST are warranted to determine if patient-centered outcomes can be improved in breast cancer surgery through the implementation of this model.

REFERENCES