Evolving surgical treatment of male breast cancer:
An analysis of the National Surgical Quality Improvement Program (NSQIP) database.

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**Background & Aim**

Male breast cancer (MBC) is a rare malignancy. Gender-specific surgical treatment guidelines and outcomes are lacking. Aim: to examine treatment patterns and post-operative complication rates in this unique population.

**Methods**

A retrospective analysis was conducted using 2007-2016 American College of Surgeons National Surgical Quality Improvement Program database (NSQIP). We identified all men undergoing breast surgery for the treatment of invasive or in situ carcinoma of the breast.

**Results**

1773 MBC patients were included. While most underwent mastectomy, 282 (15.9%) had breast-conserving surgery (Table 2), 74 (4.2%) underwent immediate breast reconstruction. 118 (6.7%) elected to have a contralateral prophylactic mastectomy. Re-operation data is available for most recent years (2012-2016): 71/189 (3.7%) lumpectomies required re-excision for margins. Overall, the rate of morbidity was 4.6% including 3.2% wound complications (Table 3).

**Conclusions**

Analysis of this large cohort showed that the complication rates are low and comparable to what has been described in the literature for their female counterparts. In some cases, men are undergoing breast-conserving surgery for the treatment of their breast cancer, or immediate breast reconstruction, highlighting the importance of cosmetic considerations in this population. Contralateral prophylactic mastectomy in the treatment of MBC is not infrequently performed.