The Breast Centre
thebreastcentre.com.au

The Breast Centre
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SHOULD I HAVE A LUMPECTOMY OR MASTECTOMY?

REASONS TO CHOOSE MASTECTOMY

- You have multiple sites of cancer in different locations in your breast
- Your tumor has eroded through the skin
- You have inflammatory breast cancer
- You are not a candidate for radiation (previous breast/chest radiation, you have a connective tissue disease like lupus or vasculitis, you are pregnant)
- Your surgeon has already made multiple attempts to remove the tumor with lumpectomy, but has not been able to obtain clear margins
- You want to avoid radiation
- Traveling for radiation therapy is very difficult
- You have widespread DCIS (ductal carcinoma in situ, or (noninvasive breast cancer) that cannot be removed without deformities
- You have had breast cancer therapy before (especially with radiation) and have a recurrent cancer or new cancer in the same breast
- You have a very large cancer relative to the size of your breast (involving 20% of the breast or more) especially if attempts to shrink the cancer with chemotherapy have failed
- You want the least risk of recurrence (especially if you are <50 yrs old)
- You believe you would have greater peace of mind with a mastectomy
- You do not want to have yearly mammograms after a lumpectomy
- You want breast reconstruction
- You have had multiple biopsies and abnormal mammograms and do not want to continue getting biopsies

REASONS TO CHOOSE BILATERAL MASTECTOMY (BOTH BREASTS)

- You have a genetic mutation that increases your breast cancer risk
- You have an accumulation of risk factors that increases your risk of development of additional breast cancers
- You want to go flat
- You have cancer in both breasts
- You want both breasts to be bigger or want better symmetry
- You don't want to have mammograms

REASONS TO CHOOSE LUMPECTOMY ± RADIATION

- You want to keep your breast
- You want the easiest surgery and recovery
- You want a "one and done" surgery
- You want to retain as much breast sensation as possible
- You are satisfied with your breast size and would be ok were it to be somewhat smaller
- You accept the risk of needing more surgery (after "a positive margin") to ensure complete removal of the tumor
- You are not overly anxious about the cancer coming back

REASONS TO CHOOSE ONCOPLASTIC SURGERY

(lumpectomy, immediate lumpectomy reconstruction, ± radiation, ± symmetry procedure of other breast)

- You want to avoid deformities after lumpectomy (although many lumpectomies do not result in deformity)
- You want lumpectomy reconstruction with your own tissue
- You want to keep your own breast but the tumor is over 20% of your breast volume
- Your tumor is at the 6 o'clock position below the nipple-areola where deformity is likely
- You have multiple tumors that can be removed with negative margins using plastic surgery techniques
- You want to keep your breast but you don't want deformities and you want them to match
- Your breast is small and would need additional tissue brought in to replace what is removed if you had lumpectomy alone
- You have large or droopy breasts, and want the breasts reshaped by reduction or breast lift at the time the tumor is removed to avoid deformity

Traditional studies show that breast cancer patients who have a lumpectomy along with breast radiation face the same survival odds as patients who have a mastectomy. Some newer studies suggest there may be a small survival benefit for women undergoing lumpectomy with radiation vs mastectomy. For this reason, many oncologists encourage women with early-stage breast cancer to opt for the less extensive surgery. For many women though, the choice involves considering more than survival data alone, since the consequences of this decision can significantly impact quality of life long after the breast cancer treatment has finished. While surgical choice usually influences the recommendation for radiation, it does not change the recommendation for systemic treatments like chemotherapy or endocrine therapy.

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