

One in five women with breast cancer has a reoperation after breast conserving surgery

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One in five women with breast cancer who opt for breast conserving surgery rather than a mastectomy have a reoperation, according to a national study published in the *British Medical Journal* today. This information on the risk of reoperation should help women in making the decision about whether to undergo breast conserving surgery or mastectomy.

45,000 women are diagnosed with breast cancer each year in England and in 2008, 58% chose to have part of the breast removed (breast conserving surgery) rather than the whole breast ([mastectomy](#)).

When combined with radiotherapy, breast conserving surgery produces similar [survival rates](#) to those achieved with mastectomy alone. But because some tumours are difficult to detect, breast conserving surgery may result in their inadequate removal and lead to another operation. This reoperation may involve another breast conserving operation or a mastectomy.

Few studies have examined breast conserving surgery reoperation rates and there is uncertainty about how likely women are to require one. So researchers from around the UK looked at data collected from the Hospital Episode Statistics (HES) database on 55,297 women with breast cancer who underwent breast conserving surgery in the NHS between 2005 and 2008. All women were aged 16 or over.

Rates of reoperation were looked at after three months following the first breast conserving surgery. Rates were adjusted for [tumour](#) type, age, co-[morbidity](#) and socio-economic deprivation.

Out of the 55,297 women who underwent breast conserving surgery, 45,793 (82%) were suffering from isolated [invasive cancer](#), 6622 (12%) had isolated carcinoma in-situ (pre-cancerous disease), and 2882 (6%) had both invasive and in-situ

disease. Reoperation was more likely among women with carcinoma in-situ disease (29.5%) compared to those with isolated [invasive disease](#) (18%). Around 40% of women who had a reoperation underwent a mastectomy.

Further results suggest that reoperation is less likely in older women and in those with more co-morbid conditions. Reoperation was also marginally lower in women from more deprived areas.

Reoperation rates also varied substantially between NHS trusts, but the authors stress that further research is required to understand its cause. It may partly reflect patient preferences for alternative treatment options. However, they say it does highlight the importance of women being made aware of local reoperation rates following primary breast conserving surgery.

In conclusion, half of women diagnosed with [breast cancer](#) in England now opt for breast conserving surgery but one in five have a reoperation. This increases to one in three of those women who have [carcinoma](#) in-situ disease.

Lead author, Dr David Cromwell, Senior Lecturer in Health Services Research at the London School of Hygiene & Tropical Medicine, said: "Breast conserving surgery with radiotherapy is as effective as mastectomy but if women choose conserving surgery, there is a risk of having another operation. Before this study, it was unclear what that risk was but now women can be better informed."

Professor Jerome Pereira, consultant breast surgeon at James Paget University Hospitals and contributing author, added: "The important message from this national study is that nearly one in three women with pre-cancerous changes, in isolation or with invasive cancer, have a reoperation following breast conserving surgery. As clinicians, we need to inform women of these findings and help them to make decisions about

their surgical treatment."

More information: Reoperation rates after breast conserving surgery for breast cancer among women in England: retrospective study of hospital episode statistics, *British Medical Journal*.

Provided by British Medical Journal

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