Study finds double mastectomy tied to more missed work

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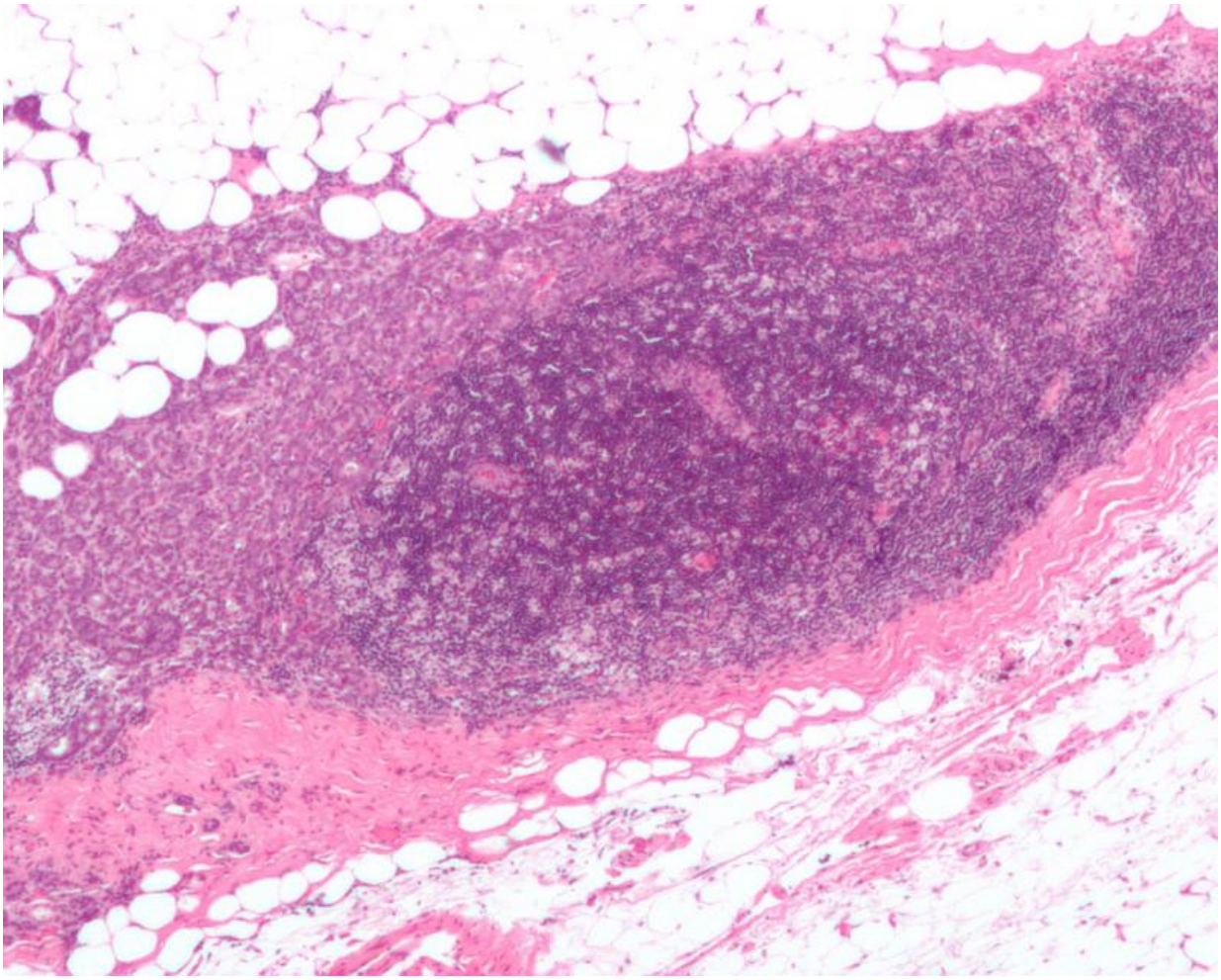

Micrograph showing a lymph node invaded by ductal breast carcinoma, with extension of the tumour beyond the lymph node. Credit: Nephron/Wikipedia

Women who pursue a more aggressive surgery for early stage breast cancer have nearly eight times the odds of reporting substantial employment disruptions, according to a new study from University of Michigan Comprehensive Cancer Center researchers.

The study, published in *Cancer*, surveyed 1,006 women who were treated for early stage breast cancer and were employed at the time of their diagnosis. Use of chemotherapy, race and differences in employment support - including paid sick leave and flexible working schedules - all had an impact on whether women lost more than a month of work or stopped working entirely after treatment.

But the most striking statistic in the study results came from the 19 percent of women who had bilateral mastectomy with reconstruction, a procedure that offers little to no benefit for women at low risk for developing a second cancer.

The women in the study who opted for a bilateral mastectomy with reconstruction had 7.8 times the odds of missing more than a month of work or stopping work altogether, compared to women who opted for a lumpectomy and radiation therapy.

"It really stood out, especially because bilateral mastectomy has not been demonstrated to improve survival, and clearly has a negative impact on employment," says lead study author Reshma Jagsi, M.D., professor and deputy chair of radiation oncology at Michigan Medicine. "It's not clear that this association between surgical treatment aggressiveness and employment experience is something that is making its way into the discussions that physicians have with patients about the full range of risks and benefits of their treatment decisions."

Prior studies that examined the impact of cancer treatment decisions on employment showed that patients who received chemotherapy were most

likely to experience longer disruptions in or loss of employment, but changes in breast cancer management in recent years have shifted recommendations away from chemotherapy for early stage breast cancer.

"But as we've had success reducing overtreatment with chemotherapy, we're now seeing a paradoxical increase in what may be overtreatment with surgery," says Jagsi. "We're seeing more and more women choosing a much more aggressive surgical treatment that isn't clinically mandatory and doesn't improve survival, often for peace of mind."

Jagsi says that clinicians need to learn to communicate with patients in a way that supports their autonomy, but also use data to communicate that there may be unexpected downsides to the treatment they are considering.

"So when a woman walks into a consultation saying 'I really want to remove both of my breasts,' the role of the physician is to say 'I hear you, I will support you, we will do what you ultimately decide to do,'" says Jagsi. "But they also need to make sure the patient is aware of all the options available to her, and the relative risks and benefits."

With the growing use of mastectomy, fueled by celebrity disclosures and growing patient interest, further research is necessary to monitor whether the short-term employment consequences seen in this study will translate into longer term impacts on these women's employment and well-being, say the study authors.

"We also need to develop formal training modules for physicians and surgeons who are treating people with cancer to understand how to begin conversations about employment effects and incorporate those into our routine discussions," says Jagsi. "It doesn't mean that every woman who learns of these study findings is going to choose not to have a bilateral

mastectomy, but it is important to make sure that those who do choose that treatment course are fully informed."

More information: Reshma Jagsi et al, Treatment decisions and employment of breast cancer patients: Results of a population-based survey, *Cancer* (2017). DOI: 10.1002/cncr.30959

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