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Effect of wound complications following mastectomy with reconstruction on breast cancer recurrence☆

DR. SUKAMAL SAHA (Flint, Michigan): One of the things you commented in your paper was that the type of reconstruction did not affect recurrence. But as I looked through your data, there were many types of implants and reconstruction … pedicle flap, free flap, and tissue expander. How many had free flap, which takes six, 8 h, compared to tissue expander or pedicle flap, and did that make a difference? In your data, there is at least a trend from 20% for tissue expander to 27% for flap with implant to 30% for flap, I don't know what kind of flap. So that's my first question. And the second question, you said the adjuvant therapy also did not matter for recurrence. In other words, the adjuvant therapy included the anti-estrogen therapy from the hormone receptor-positive patient versus the ERP negative patients who did not get any anti-estrogen therapy.

DR. PRATT: The answer to the first question is, we did not delineate between free flap in our database, but when we statistically looked at all the complications related to type of reconstruction, that was found not to be statistically significant, and we had a P value of .11.

For the second question, we did not look at adjuvant hormonal therapy as one of the adjuvant treatments. That is something that could be looked at. When you are dealing with adjuvant hormonal therapy, not only do you have to be able to assess did they start it, you have to look at if were they compliant and took it for the full duration National data have ranges of hormonal therapy initiation between 40 and 60% and persistence rates are also running in that range as well.

☆ Presentation given by Debra Pratt, M.D.

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