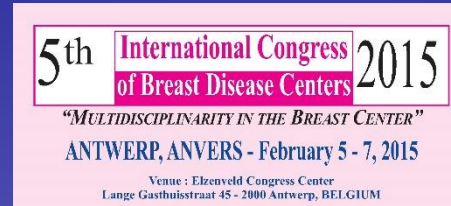


Objective evaluation of cosmetic outcome – quality control on reconstructive surgery

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Nearly 41,000 women in the United States who had one breast removed between 2005 and 2012. Of those patients, about 11,800 also underwent breast reconstruction. Patients aged 65 and older were less likely to have breast reconstruction than younger women. About 11 percent of older women chose to have the surgery compared to nearly 40 percent of women under 65, the study found

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Outcome of Breast cancer surgery

- Optimal breast cancer care starts with a proper surgical act
- Optimal imaging and preoperative diagnosis
- Right surgical procedure should be indicated after multidisciplinary consultation and discussion, keeping the objective of the final outcome in mind.

Quality control of the operative surgery

- Addresses issues such as training, volume and life audit of the surgeon.
- Standardisation of operative technique, pathology reporting with emphasis on specimen orientation and margins, management of the axilla and how it impacts on adjuvant treatment are other important issues
- Breast reconstruction services and the development of the oncoplastic surgeon is becoming an important quality issue

General principles of quality control

Setting a standard

The initial step in the process of quality control is to set a standard aimed at achieving particular outcomes. These standards range from issues such as the resources required for a fully operational breast unit, the quality of the diagnostic services including pathology and radiology, as well as the role of surgery and adjuvant treatment.

General principles of quality control

- Assessment of quality
- Assessment of structure
- Assessment of process

Assessment of quality

- Assessment of outcome It is important to have a clear idea as to how the success or failure of a quality control programme is to be evaluated. Most important is measurement of outcome following institution of quality control measures.
- For this reason quality control in surgical oncology has become more focused on measurement of quality at the time of initial treatment as much as assessment of the final outcome of such treatments.

Assessment of structure

- Structural framework within which breast patients are treated can impact on quality of care. The development of the concept of a specialist breast unit has been the single most important advance in recent years.
- The evidence suggests that these units have enhanced the quality of decision making and quality of patient care and as such have impacted on disease free interval and survival.

Assessment of process

- The other vital component required to define quality is the presence of agreed protocols for treating patients within the multidisciplinary team.
- A breast cancer database is essential for audit Quality control in breast cancer surgery within individual units. The audit loop consists of definition of standards of care, measurement of these standards using agreed parameters of quality and changing these parameters should certain standards of care not be achieved.

Outcome Studies

- We currently have a prospectively maintained ongoing database which records procedures, short term, and long term outcomes.
- These outcomes are the SURGEON'S VIEWPOINT
- In breast reconstruction, the PATIENT'S VIEWPOINT is as or more important

Success of breast surgery procedures

Patients provide a unique and vital perspective on the success of breast surgery procedures. To fully capture and quantify their point of view, appropriately constructed and validated patient-reported outcome measures are needed.

Aesthetic results

Outcomes research in plastic surgery now examines not only morbidity and mortality but also patient perceptions of the results of surgery. The assessment of patient experience is specially important in breast surgery, as its overriding goal is to satisfy the patient with respect to psychosocial sequelae, physical functioning, and perception of the aesthetic result. As such, key indicators such as patient satisfaction and healthrelated quality of life are becoming important outcomes for evaluating the success

Development of patient-reported outcomes

Breast-Q

Body-Q

Face-Q

And Expectations

The BREAST-Q

Consists of three procedure-specific modules (augmentation, reduction, and reconstruction) with independent scales that examine those issues most important to women who have undergone each procedure. By closely targeting the scales and items to the specific surgical group, each module has the potential to be more sensitive to patient perceptions and responsive to change following surgery.

Summary of BREAST-Q Psychometric Analysis

Scales/Items Rasch Analysis Traditional Psychometric Analysis

Augmentation , Reduction and reconstruction module

Satisfactions with breasts

Satisfaction with outcome

Psychosocial well-being

Sexual well-being

Physical well-being

Satisfaction with information

Nipple appearance

Physical well-being: chest and upper body

Process of care (common items)

Satisfaction with surgeon Satisfaction with medical team

Satisfaction with office staff

Methods

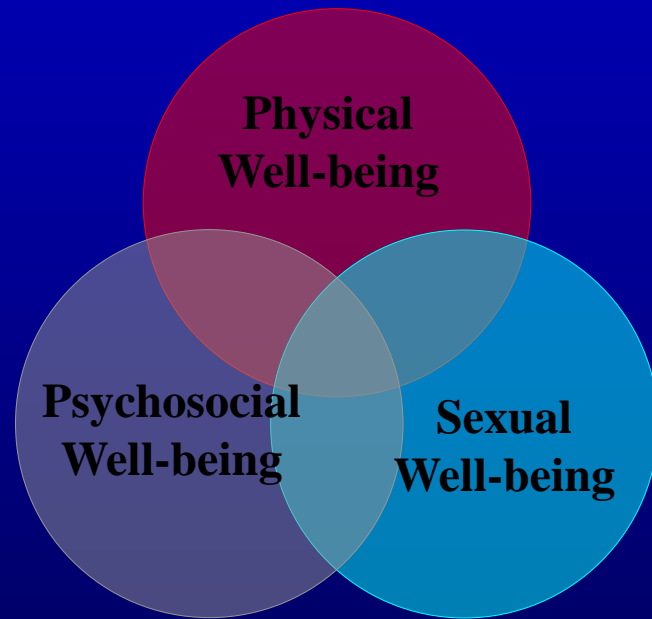
Phase 1a: Conceptual Framework Formation

Phase 1b: Item Generation, Preliminary Scale, Formation, and Pretesting

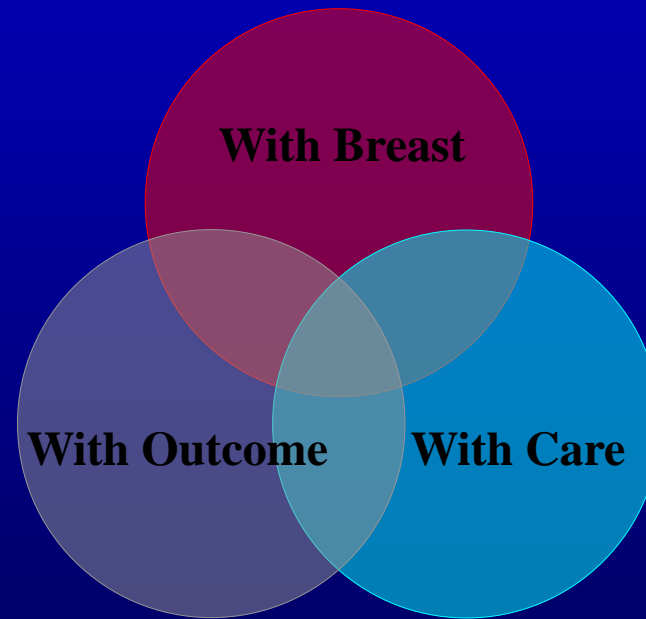
Phase 2: Field-Testing, Scale Construction, and Psychometric Evaluation

The BREAST-Q

Quality of Life Domains



Satisfaction Domains



The BREAST-Q

MSKCC Experience 1995 - 2010

Conclusions

1. The BREAST-Q can provide essential information about the impact and effectiveness of breast surgery from the patient's perspective.
2. It was developed using qualitative and quantitative psychometric methods, and it exceeds international criteria for rigorous measurement.
3. This new questionnaire will complement current clinical outcome measures and facilitate multicenter studies for comparison of surgical techniques and patient populations.

The BREAST-Q

MSKCC Experience 1995 - 2010

Conclusions

4. The BREAST-Q has the potential to support advocacy, cost-effectiveness analysis, and patient education. It will also provide surgeons with an important metric for documenting clinical performance appraisal and improvement.
5. As quality metrics and “pay for performance” become increasingly central to healthcare reform, such data will be crucial for individual surgeons and for plastic surgery as a specialty.

BREAST-Q

It was developed in a North American population. Patient perceptions of breast surgery outcomes are not independent of their cultural environment. There are, however, linguistic validation studies that have recently been completed to establish French, German, U.S. Spanish, Portuguese and U.K. English versions of the BREAST-Q.

Conclusions

MSKCC Breast Reconstruction Experience

- A work in progress
- Techniques evolve
- Treatments evolve
- The overall approach to patient can/must always change



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