Background & Purpose

In the United States, an estimated 242,100 individuals, predominantly women, are diagnosed with breast cancer annually.¹ Early-stage breast cancer can be defined as abnormal cell growth that has not spread beyond the breast or local lymph nodes, specifically the axillary lymph nodes.² Treatment modalities include breast-conservation therapy (BCT) or a mastectomy.

Some may believe that extensive measures are the only option to truly improve quality of life and overall survival in those with breast cancer of any stage. The goal of this paper is to establish a better understanding of the difference in overall survival rates and quality of life between those with early-stage breast cancer who undergo either BCT or a mastectomy alone (MA).

PICOT

In women with early-stage breast cancer, how effective is breast-conservation therapy (BCT) versus mastectomy alone (MA) at improving overall survival and quality of life?

Design & Methods

Keywords: Early-stage breast cancer, BCT versus mastectomy, lumpectomy with radiation, triple negative breast cancer, Breast-Q, BRCA gene mutation

•Inclusion: Diagnosed with early-stage breast cancer, Must have had BCT or MA, Published 2018 or later in English, Full text online.

•Exclusion: Diagnosed with later stage/metastatic breast cancer, Lumpectomy alone, Case reports, Editorials, Published before 2018.

Database	Yielded	Reviewed	Included in Analysis
Google Scholar	25,200	15	6
Christopher Center	10,018	7	1
Science Direct	1,799	4	1
Total:	37,017	26	8

Summary of Evidence Search:

A Review of Breast-Conservation Therapy vs Mastectomy in Early-Stage Breast Cancer Bridgette Brauer, PA-S

Synthesis of Evidence

Primary endpoints are overall survival and quality of life. Secondary endpoint is recurrence rates.

Level of Evidence	
Meta-analysis	2
Systemic Review	1
Cohort	4
Retrospective Study	1

Results:

- Early-stage Breast Cancer in General: Overall survival, locoregional recurrence, lymph node recurrence, and distant metastasis were improved with BCT vs MA in early stage BrCA overall. ^{3, 4}
- Early-stage TNBC: Overall survival rates were higher, and both locoregional recurrence and distant metastasis rates were lower with BCT vs MA. Increased number of tumor-infiltrating lymphocytes (TILs) improved overall survival and distant metastasis recurrence in those with early-stage breast cancer. ^{5, 6}
- Early-stage Breast Cancer with BrCA mutations: Locoregional recurrence was improved with MA vs BCT, but overall survival was equivocal between the two.⁷
- ***** BCT showed improved both psychosocial and sexual well-being vs mastectomy w/ reconstruction without radiation (M&R).⁸⁻¹⁰
- MA showed improved physical well-being vs BCT. ^{9, 10}



Honor code: "I have neither given or received, nor have I tolerated other's use of unauthorized aid."

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Studied Included

Discussion:

- stage breast cancer overall.
- cancer.
- BrCA gene mutations vs BCT.

Limitations/Further study:

- of radiation.
- —
- Short follow-up periods. _

More research needs to be completed to further compare:

- _
- groups.

Conclusion:

Overall survival, recurrence rates, quality of life improved after BCT vs MA for early-stage breast cancer overall. Those with BrCA gene mutations had improved recurrence with MA vs BCT, but equivocal overall survival.

Future research needs to be done to further specify radiation and mastectomy types.

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Best Practice

***** BCT has shown favorable outcomes in both overall survival, recurrence rates, psychosocial well-being, and sexual well-being compared to MA in early-

Higher number of TILs can increase chances of more favorable outcomes in early-stage breast

✤ MA have improved recurrence rates in those with

Studies didn't assess types, duration, or frequency

Studies didn't assess mastectomy type. Limited research on quality of life of BCT vs MA.

BCT and specific radiation/mastectomy types. Long-term quality of life in both BCT and MA