Breast cancer surgery

Aspects of patient-reported outcomes and physical activity

Akademisk avhandling

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av

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- Heiman Ullmark J, Sahlin C, Hallberg H, Olofsson Bagge R
 Breast-conserving surgery using an inframammary fold incision technique for breast cancer Journal of Plastic Surgery and Hand Surgery 2017; 51(2):105-111
- II. Dahlbäck C, Heiman Ullmark J, Rehn M, Ringberg A, Manjer J Aesthetic result after breast-conserving therapy is associated with quality of life several years after treatment. Swedish women evaluated with BCCT.core and BREAST-QTM Breast Cancer Research and Treatment 2017 Aug;164(3):679-687
- III. Heiman J, Onerup A, Wessman C, Haglind E, Olofsson Bagge R Recovery after breast cancer surgery following recommended pre and postoperative physical activity: (PhysSURG-B) randomized clinical trial British Journal of Surgery 2021 Jan 27; 108(1):32-39
- IV. Heiman J, Onerup A, Bock D, Haglind E, Olofsson Bagge R The effect of non-supervised physical activity before and after breast cancer surgery on quality of life, results from a randomized controlled trial (PhysSURG-B) Manuscript submitted
- V. Heiman J, Pavia J, Bock D, Haglind E, Olofsson Bagge R
 Recovery and sick leave at 12 months in the randomized controlled physical
 activity trial (PhysSURG-B) factors predicting prolonged sick leave
 Manuscript submitted

SAHLGRENSKA AKADEMIN

INSTITUTIONEN FÖR KLINISKA VETENSKAPER



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Abstract

The aim of this thesis was to evaluate patient-reported outcomes (PROs) following breast cancer surgery using three different studies.

Paper I examined breast-conserving surgery through an inframammary fold incision using a retrospective cohort (n=27). We found the technique to be surgically safe with high levels of satisfaction with breast, evaluated using a patient-reported outcome instrument (BREAST-QTM).

Paper II compared an objective aesthetic evaluation of breast-conserving surgery using a computer software with long-term patient evaluation of quality of life in a retrospective cohort (n=216). A superior aesthetic rating was significantly correlated with higher patient-reported outcomes scores with BREAST-QTM.

Papers III-V describe results from PhysSURG-B, a randomized controlled trial of female patients with breast cancer (n=400) undergoing surgery, comparing an intervention of non-supervised physical activity with usual care. Endpoints were physical and mental recovery, readmissions, reoperations and complications, quality of life and sick leave, measured at 4 weeks or/and 12 months after surgery.

Paper III showed a high level of recovery and few complications after surgery. No significant improvement was seen regarding short-term recovery, complications, length of stay, readmissions or reoperations following the intervention compared with usual care. Paper IV analysed quality of life, showing high and unchanged levels, with no significant differences seen between the study groups. Paper V reported no significant differences regarding long-term recovery and sick leave between intervention and control groups. Predictive factors for sick leave were young age at diagnosis, adjuvant chemotherapy, lower FACT-B score and previous mental health problems.

In conclusion, breast cancer surgery is associated with a high level of recovery, few complications, and with a small impact seen on measures of short- and long-term quality of life. Predictive factors for sick leave could be identified for at-risk patients by using patient-reported outcomes and utilized for future tailored interventions.

Keywords: Breast cancer, Physical activity, Patient-reported outcomes