

# **Body image on patients who had breast cancer conservative treatment**

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## INTRODUCTION AND AIMS

Breast cancer is the second most common type of cancer worldwide and the most common among women, representing a major cause of death. Annually, about 22% of new cancer cases in women are breast cancer. The number of new cases expected for the biennium 2010-2011 is 49,400, with an estimated risk of 51 cases per 100,000 women.

The breast is the organ of the female body that is associated with pleasure and life. It is also a symbol of fertility and health. It is the organ that is most related to the issue of femininity.

When a woman is diagnosed with cancer and surgery is needed, she has to face a long and aggressive treatment which requires partial or total removal of her breast as well as accept a body marked by the surgery and live with this new image.

Innovations have contributed in a way that radical mastectomy do not represent the only form of treatment for breast cancer, but can give place to other forms of surgeries that preserve a woman's body, such as quadrantectomy and lumpectomy.

Over the past 20 years, the reconstruction of the breast has showed a large increase in its practice and popularity, with emotional and psychological impact on patients.

This study aims to evaluate the body image of women undergoing conservative surgical treatment for breast cancer with reconstructive surgery and without it.

## METHODOLOGY

The study was conducted in the Mastology and Plastic Surgery wards at Hospital das Clínicas Samuel Libânio, located in Pouso Alegre-MG during the period March 2009 to March 2010.

It involved a total of 60 patients, distributed as follows: 30 with plastic surgery (group 1) and 30 without plastic surgery (group 2).

The Inclusion criteria were: female patients 18-65 years and with conservative surgical treatment of breast cancer for at least a year with (group 1) or without breast reconstruction (group 2).

The exclusion criteria were: uncontrolled systemic disease, pregnancy or birth less than one year, duration of adjuvant therapy or the presence of recurrences or metastases.

For the assessment, protocol was used to collect socio-demographic and clinical data and the instrument Body Dimorphic Disorder Examination (BDDE). This instrument is a questionnaire about quality of life that covers a single area: body image. It was developed with the goal of aiding in the diagnosis of body dimorphic disorder (BDD), which is characterized by an excessive preoccupation with mild or no physical imperfection in a person of normal appearance. The BDDE was translated into Portuguese, adapted to our culture and validated for use in our country by Trajano, in 2008. It has 34 questions that evaluate the image in the last four weeks and have scores in each component. For each question there is a pattern of response. The response options receive scores in ascending order. The maximum score from the questionnaire corresponds to 168 points. Scores above 66 already reflect some degree of dissatisfaction with their appearance.

In compliance with the provisions of Resolution 196/96 of the National Health Council, which deals with regulatory standards and guidelines for research involving humans, this project was submitted to the Ethics Committee of the University of Vale do Sapucaí (UNIVAS), registered National Commission on Research Ethics (CONEP) and approved the protocol 174/08.

From the data collected was analyzed statistically by mean, median and proportion and apply the non-parametric tests: Mann-Whitney Test-G, chi-square and Fisher's exact test with level for rejection of the null hypothesis was 0.05 or 5% ( $\alpha \leq 0.05$ ).

## RESULTS AND CONCLUSION

The sample consisted of white women with an average age of 53 years and with body mass index in group 1 and group average of 25.4 from 26.5 in February showing that both groups were similar and these variables did not affect the assessment of body image.

About types of tumor invasive ductal carcinoma is predominant being present in 78% of patients with plastic surgery and 64% without the surgery. The most affected quadrant was the superior lateral with 67% without plastic surgery and 47% with it.

80% of patients with plastic surgery had chemotherapy whereas only 50% without the surgery had it. 93% of patients with plastic surgery underwent treatment with radiotherapy while 87% without the surgery had the treatment. A quadrantectomy was performed in all patients with plastic surgery interviewed and in 77% of those without the surgery. Lymphadenectomy was performed in 83% of those patients with plastic surgery and in 43% in those without it, whose aesthetic outcome may influence the desire for aesthetic plastic surgery. The average score of the questionnaire in patients with plastic surgery BDDE was 31 points while in those patients without the surgery it was 35 points. Thus, there was no difference in body image between the groups. For the descriptive question in the questionnaire, 20% of patients with plastic surgery and 17% without the surgery said not to bother with anything in their appearance in the last month. 37% of those with plastic surgery and 50% without it reported one breast is bigger than the other. 33% with plastic surgery and 20% without it complained that it was an ugly scar on the breast, and 10% with plastic surgery and 13% without it bother with being overweight, but the result was not significant.

The treatment of breast cancer can affect the body image of women, since the image we have of ourselves is directly linked to our psyche. In our study, 23% of patients reported not to bother with the appearance of their breasts, but with being overweight, demonstrating once again the subjectivity of body image since according to data obtained from the average body mass index did not indicate overweight.

In this study we found no difference between the image of women who underwent reconstructive surgery and women who didn't have it. It reflects the positive impact of plastic surgery on quality of life and self-esteem of patients undergoing conservative treatment of breast conservative surgery as itself, as evidenced in other studies for its better psychological protection due to its lower intervention in a woman's body.

According to our study, women who underwent treatment with chemotherapy and radiotherapy was the largest percentage of those that had reconstructive surgery, which may lead us to believe that these women are more fragile and more insecure with regard to body image because of the aggressiveness of treatment. Systemic therapy was seen as an important predictor of worse quality of life after breast cancer treatment. This reinforces the importance of early detection of breast cancer, allowing a less aggressive treatment for these women.

The age factor has an important impact on quality of life after surgical treatment of breast cancer. In young women, the loss of breast reflected in diminished quality of life. In this study, the average age obtained involves the perimenopause, a period marked by physical and emotional changes that can influence the body image of women. Although the age has not interfered in body image, menopausal symptoms should be screened and linked to results. We conclude that in our study, the type of surgical procedure did not alter the body image of patients. It also collaborates with previous studies that showed better results in quality of life in patients undergoing conservative treatment of breast cancer. Although conservative treatment is considered standard for women with early-stage cancer, the aesthetic result of breast conservation may not be satisfactory. So, we raised the need to discuss changes to body image with the patient.

This result represents the first national study using this instrument in patients undergoing conservative treatment of breast cancer according to a literature review.

This instrument was sensitive in the assessment of body image and has proved an important tool in tracking image disturbance. Despite being a pioneering study, it points to the need of future prospective studies involving larger samples.

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FINANCIAL SUPPORT: PROBIC