

Development of an EORTC Breast Reconstruction Quality of Life Module

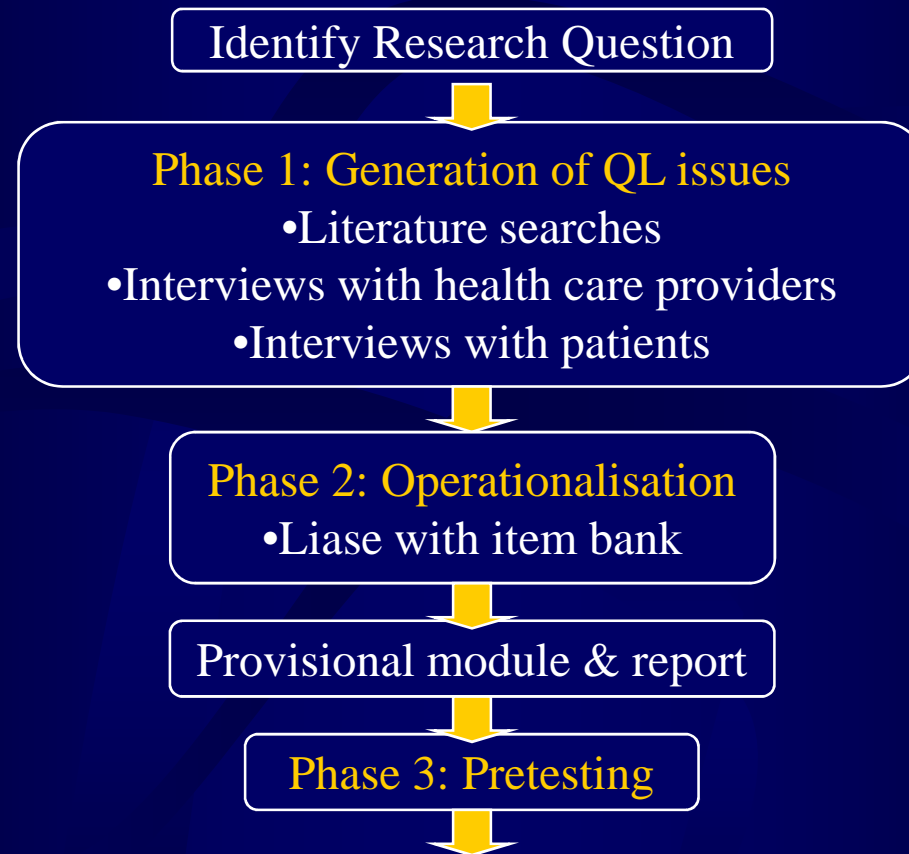
Phase 1 and 2

Helen Thomson , Florence Didier, Yvonne Brandberg,
Jane Blazeby, Zoë Winters

Aims

- standardised approach to evaluation of:
 - effects of different types of Breast Reconstruction
 - long-term effects of Radiotherapy.
- evidence-based approach to clinical decision-making regarding the type of BR.
- optimise patient information.

EORTC Module development



Initial patient interviews, n=31
Literature search

76 issues

Interviews with HCPs, n=9
Deletion of issues in QLQ-C30 or BR23

69 issues

Issue list review after first
10 phase 1 patient interviews

51 issues

Issue list review after phase 1
patient interviews, n=58

Provisional BrR module:
BrR 31

Phase 1 interviews, Patient demographics

		Median	Range
Age		46	30-66
Time since breast reconstruction surgery (years)		2.63	0.5-6
		N	%
Site of Interview	Bristol, UK	26	44.9
	Stockholm, Sweden	11	18.9
	Milan, Italy	21	36.2
Type of Breast Reconstruction	LD Implant	15	25.9
	Autogenous LD	11	18.9
	TRAM/DIEP	7	12.1
	Nipple preserving surgery	9	15.5
Adjuvant Radiotherapy	Yes	14	24.1
	No	36	62.1
	Unknown	8	13.8
Adjuvant Chemotherapy	Yes	18	31.0
	No	23	39.7
	Unknown	17	29.3

Phase 1, issues added/altered

Original issue	New issue
Droop/ptosis	Shape of reconstructed breast
Breast fullness – upper pole	Size of reconstructed breast
	Scars on reconstructed breast
Breast tenderness	Breast tenderness/discomfort

The hypothesised scale structure

(number of issues)

Body Image	(3)
Sexuality	(4)
Cosmetic outcome	
The reconstruction	(9)
The donor site	(5)
The nipple	(6)
Disease/Treatment related symptoms	(4)