satisfaction, symptom relief, exercise tolerance, and weight loss were compared among these groups.

RESULTS: A total of 124 patients completed the survey and were included in the study. Overall satisfaction after reduction mammoplasty was high in all three cohorts and did not significantly decrease over time (83% vs 79% vs 74%, p=0.216). Breast reduction provided marked improvement of symptoms including back pain, shoulder grooving, and posture in the majority of patients in all groups (75% vs 82% vs 82%, p=0.84). Although there was a significant increase in the proportion of patients that endorsed an increase in the size of their breasts since surgery (40% vs 70% vs 51%, p=0.0297), benefits of the surgery such as symptom relief and exercise tolerance were maintained.

CONCLUSION: Overall, reduction mammoplasty has long-lasting benefits for patients with breast hypertrophy and provides increased quality of life, patient satisfaction, and symptom relief that do not diminish over time.

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Outcomes in Patients Receiving Neoadjuvant Chemotherapy Undergoing Immediate Breast Reconstruction: Effect of Timing and Postoperative Complications

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PURPOSE: The impact of neoadjuvant chemotherapy on postoperative complications is important in breast cancer patients undergoing immediate breast reconstruction since it has the potential to delay adjuvant radiation therapy. This study was conducted to examine the effect of time from last dose of neoadjuvant chemotherapy to immediate breast reconstruction on postoperative complications and to assess if postoperative complications cause any delay in commencement of radiation treatment.

METHODS: A retrospective review was performed on patients who underwent neoadjuvant chemotherapy with immediate breast reconstruction using tissue expanders from November 2011 to May 2017 in a NCI designated academic cancer center. The time interval from the last dose of chemotherapy to surgery was calculated for all patients. Patients who underwent radiation treatment had the time interval from surgery to commencement of radiation treatment calculated. Postoperative surgical complications were categorized as either major or minor complications depending on whether patients required hospitalization or reoperation. Independent sample t-tests were used to compare means for both time to surgery from first dose of chemotherapy and time to commencement of radiation treatment calculated. Postoperative surgical complications were assessed for their effect on radiation treatment.

RESULTS: A total of 128 patients were identified. Mean time to surgery from last dose of chemotherapy was 31.81 days with a range of 12–89 days. Of the 128 patients, 25 (19.5%) experienced a major complication necessitating hospitalization or return to the O.R., and 50 (39.1%) experienced any minor complication. Out of the 128 patients, 54 patients completed radiation therapy at our institution. The mean time to commencement of radiation from surgery was 70.74 days with a range of 24–178 days. The difference in time to commencement of radiation between patients with major complications and no complications was statistically significant (p=0.018), and the difference in time to commencement of radiation between patients with minor complications and no complications was also statistically significant (p=0.027). For patients who experienced any major complication, there was no statistical significance (p = 0.835) for time to surgery from last chemotherapy dose when compared with patients with no major complications. In addition, there was no statistical significance (p=0.710) for time to surgery from last dose of chemotherapy when comparing patients with minor complications and no minor complications.

CONCLUSION: Postoperative major and minor complications delay the commencement of radiation in patients who undergo neoadjuvant chemotherapy with immediate breast reconstruction compared to patients with no complications. However, the time period from last dose of chemotherapy to immediate breast reconstruction surgery does not appear to
Patient Reported Satisfaction and Quality of Life in Post-Mastectomy Radiated Patients: A Comparison between Delayed and Delayed Immediate Autologous Breast Reconstruction in a Predominantly Minority Patient Population

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BACKGROUND: Delayed immediate autologous breast reconstruction consists of immediate post mastectomy tissue expander placement, followed by radiation therapy and subsequent autologous reconstruction. The decision between delayed versus delayed immediate autologous breast reconstruction in patients anticipating post mastectomy radiotherapy is challenging and remains to be elucidated. The purpose of this investigation was to evaluate the effects of delayed versus delayed immediate autologous breast reconstruction in patients undergoing post mastectomy radiotherapy on patient reported outcomes and quality of life in predominantly minority patients.

METHODS: After IRB approval was obtained, a retrospective review of all patients who underwent autologous based breast reconstruction at Montefiore Medical Center from January of 2009 to December of 2016 was conducted. Patients who underwent post mastectomy radiotherapy were included for analysis. Patients were divided into two cohorts: those undergoing delayed and delayed immediate autologous breast reconstruction. Patients were mailed a BREAST-Q survey. Demographic information, complications, and need for revisionary procedures were analyzed in comparison. BREAST Q satisfaction was then analyzed using Q-Score software.

RESULTS: 56 patients met the inclusion criteria: 37.5 percent (n=21) of patients underwent delayed autologous breast reconstruction and 62.5 percent (n=35) underwent delayed immediate autologous breast reconstruction. 87.5 percent (n=49) of the patients were identified as minority. Patients in each cohort were similar in BMI, mean mastectomy specimen weight, indication for surgery and smoking status. All patients received post mastectomy radiotherapy. However, patients undergoing delayed immediate autologous breast reconstruction were more likely to have bilateral reconstruction (34.3 percent (n=12) versus 9.5 percent (n=2), p=0.04), and were more likely to have major mastectomy flap necrosis (17.0 percent (n=8) versus 0.0 percent (n=0), p=0.02). Furthermore, 14.9 percent (n=7) of patients undergoing delayed immediate autologous breast reconstruction required removal of their tissue expanders. Of those patients undergoing delayed autologous breast reconstruction, 28.6% (n=6) responded to the BREAST-Q survey, whereas 40.0% (n=14) of patients with delayed immediate autologous breast reconstruction were responders. BREAST-Q responses showed similar satisfaction with their breasts, overall outcome, chest wall physical well-being, sexual well-being, and psychosocial well-being in both groups.

CONCLUSION: Delayed autologous breast reconstruction yields similar satisfaction with breasts, overall outcome, chest wall physical well-being, sexual well-being, and psychosocial well-being as compared to delayed immediate autologous based reconstruction. However, patients who undergo delayed immediate autologous breast reconstruction have higher rates of major mastectomy necrosis and subsequent removal of their tissue expanders. This information will be important in preoperative patient discussions and counseling. Delayed versus Delayed Immediate (DI) Outcomes Data Sheet

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A Prospective Pilot Study of Robotic-Assisted Harvest of the Latissimus Dorsi Muscle for FDA 510(K) Approval

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