
From the Editor



Debu Tripathy, MD
Editor-in-Chief

In this issue of *American Journal of Hematology/Oncology*, the feature on contralateral prophylactic mastectomy serves as a bellwether for an interesting shift in practice patterns and patient preferences. After years of efforts to refine less-aggressive surgery, and to prove that breast-conserving surgery could lead to equivalent outcome with radiation therapy and appropriate patients selection, we are now seeing clear trends for increased use not only of mastectomy, but also of contralateral prophylactic mastectomy (CPM).

The factors driving escalating rates of CPM are unclear, but are likely to be multifactorial, and may be a different set of considerations for each patient. Factors that have been cited include the increased use of magnetic resonance imaging and resultant equivocal findings, the falsely (in most cases) heightened perception of improvements in outcome, concerns about family history and genetic predisposition, cosmetic considerations, the increasing societal acceptance of mastectomy, and the wish to avoid the need for ongoing surveillance with breast imaging as well as the anxiety of awaiting results with each test.

It is also possible that both the patient and caregivers are not fully aware of the higher short- and long-term complications of more extensive surgery—not only a higher rate of post-operative infections and seroma, but also longer rehabilitation and most importantly, chronic pain/post-mastectomy syndrome, which approaches 50% in some series.¹⁻⁴

It will be important going forward to involve all stakeholders in developing educational material that is evidence-based, as well as personalized to different situations, in order to provide both physicians and patients with the best possible decision support through weighing the pros and cons of this important decision.

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