

Oxford Breast Unit  
March 2017

Dear Breast Oncoplastic Consultant Colleague,

**Re: Therapeutic Mammoplasty UK Practice Questionnaire**

Therapeutic mammoplasty has extended the indications for breast conserving surgery by allowing oncological excision of larger breast cancers whilst maintaining a cosmetically acceptable result.

We are interested to know how widespread the use of this technique is across the UK. We would be very grateful if you would take the time to complete this questionnaire and return it to us.

This questionnaire is anonymous. However, if you wish to be entered into a prize draw to win £50 of Marks and Spencer vouchers please supply your email address.

Thank you and your support is appreciated  
Yours Sincerely

Miss Kate Harvey  
NIHR CRN Research Fellow  
Oncoplastic Breast Surgery Trainee

Miss PG Roy  
Consultant Oncoplastic Breast Surgeon  
Oxford Breast Unit

## Therapeutic Mammoplasty (TM) Questionnaire

Your email (for entry to £50 M&S Voucher prize draw)

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|------------------------|
| Centre Name (Optional) |
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### About You

Q1. In which decade did you graduate from medical school?

1970s  1980s  1990s  2000s

Q2. Did you complete a Fellowship as part of your training?

Yes – National TIG Fellowship  No

Yes – Another Fellowship  (Please provide details): \_\_\_\_\_

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Q3a. Have you received dedicated training in the technique of Therapeutic Mammoplasty?

Yes  No

Q3b. Please tick all applicable options:

- i. A National TIG fellowship
  - ii. Another fellowship (please specify above)
  - iii. A colleague mentorship
  - iv. A training course
  - v. Please specify which course (Date, course location, course provider)
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Q4. Do you train trainees in Therapeutic Mammoplasty techniques?

Yes  No

Q5. How would you describe yourself?

- i. A General Surgeon
- ii. A Breast and General Surgeon
- iii. A Breast Surgeon
- iv. An Oncoplastic Breast Surgeon
- v. A Breast Cancer and Reconstructive Surgeon

Other (Please provide details): \_\_\_\_\_

### About Your Unit

Q6a. How many breast surgeons are there in your unit in total? \_\_\_\_\_

Are they:

b. Consultants?  Yes Number \_\_\_\_\_

c. Associate Specialists?  Yes Number \_\_\_\_\_

d. Other (Please provide details and number): \_\_\_\_\_

Q7a. How many of the surgeons in your unit offer Therapeutic Mammoplasty?

\_\_\_\_\_

b. Are they:  
Consultants? Yes  Number \_\_\_\_\_

c. Associate Specialists?  Yes Number \_\_\_\_\_

d. Other (please provide details): \_\_\_\_\_

Q8. Do you offer TM to your patients:

a. Personally?  
Yes  No

b. Via referral to a colleague in your unit?  
Yes  No

c. Via referral to a colleague in another unit?  
Yes  No

Q9. How many breast cancers per year does your unit treat? (Please include symptomatic and screening cases)

- <100
- 100-200
- 200-300
- 300-400
- 400-500
- 500-600
- >600
- Unknown

### **About Your Mammoplasty Practice**

Q10. How many Therapeutic Mammoplasties does your unit perform per year?

- 10-50
- 50-100
- 100-150

- 150-200
- >200
- Unknown

Q11. What type of Therapeutic Mammoplasty do you/ does your unit offer? (Please tick all relevant answers)

- Bat's Wing
- Benelli/ Round Block
- Grisotti
- Lateral/ Racquet Handle
- Star-Fish
- Grisotti
- Vertical Scar
- Wise Pattern

Other (please provide details): \_\_\_\_\_

Q12a. What percentage of your patients undergoing Therapeutic Mammoplasty are day cases (i.e. no overnight stay)?

- <10%
- 10-20%
- 20-30%
- 30-40%
- 40-50%
- 50-60%
- 60-70%
- 70-80%
- 80-90%
- >90%
- Unknown

Q12b. What percentage of your patients undergoing Therapeutic Mammoplasty have an overnight stay?

- <10%
- 10-20%
- 20-30%
- 30-40%
- 40-50%
- 50-60%
- 60-70%
- 70-80%
- 80-90%
- >90%

Unknown

Q13. Do you routinely use wound drains in patients undergoing Therapeutic Mammoplasty?

Yes  No  An individual decision is taken at the end of each case

Q14. Do you offer contralateral breast reduction surgery?

Yes  No  Simultaneously  At a later date

### **About Tumour Characteristics and Therapeutic Mammoplasty**

Q15. If the percentage of tumour to breast ratio was favourable, would you offer Therapeutic Mammoplasty for:

a. A tumour <2cm? (i.e. a T1 tumour)

Never  Rarely  Often  Routinely

b. A tumour 2-5cm? (i.e. a T2 tumour)

Never  Rarely  Often  Routinely

c. A tumour >5cm? (i.e. a T3 tumour)

Never  Rarely  Often  Routinely

Q16. Would you offer Therapeutic Mammoplasty in tumours with the following characteristics:

a. A unifocal tumour?

Yes  No

b. A bifocal tumour?

Yes  No

c. A multi-focal tumour?

Yes  No

d. A multi-centric tumour?

Yes  No

e. A lobular cancer?

Yes  No

f. Invasive cancer associated with DCIS?

Yes  No

g. DCIS alone?

Yes  No

Q17. Would you offer Therapeutic Mammoplasty to patient with the following personal characteristics?

a. A smoker?

Never  Sometimes  Routinely

b. A diabetic?

Never  Sometimes  Routinely

c. An obese patient (i.e. BMI over 35)?

Never  Sometimes  Routinely

d. Do you have a BMI cut off for offering Therapeutic Mammoplasty?

Yes  No  Not applicable

Please specify your BMI cut off if you answered "Yes" above: \_\_\_\_\_

e. Do you offer Therapeutic Mammoplasty to women over the age of 70?

Never  Sometimes  Routinely

If you do offer it, do you have a preference for a specific approach? Please specify:

\_\_\_\_\_

### **About Adjuvant Treatments and Patient Selection for Therapeutic Mammoplasty**

Q18. Do your radiotherapists alter the regime (i.e. the amount of Grey or number of fractions given) when treating a patient post-Therapeutic Mammoplasty?

Yes  No  An individual decision is made for each patient  I don't know

Q19. Please specify which factors influence your decision if this is the case:

i. Choice of pedicle

ii. Complexity of mammoplasty

iii. Breast volume

iv. Other: \_\_\_\_\_

Q20. Would you offer a Therapeutic Mammoplasty to a patient treated with neo-adjuvant chemotherapy?

Yes  No

### **About Complications**

Q21. In your practice, how often do you experience the following complications with Therapeutic Mammoplasty:

(If rarely is <10% and often is >60%)

a. Nipple necrosis or loss?

Never  Rarely  Often

b. Wound infection/ breakdown?  
Never  Rarely  Often

c. Operative site seroma?  
Never  Rarely  Often

d. Re-admissions following surgery?  
Never  Rarely  Often

e. Delays to adjuvant therapy due to post-operative complications?  
Never  Rarely  Often

Q22. Do delays to adjuvant treatment occur more frequently following Therapeutic Mammoplasty compared to wide local excision (WLE) in your experience/ in your opinion?  
Yes  No

Please add any additional comments about your experience with Therapeutic Mammoplasty in the box below:

**THANK YOU FOR COMPLETING AND RETURNING THIS QUESTIONNAIRE**

Your email (to qualify for entry to £50 M&S Voucher prize draw)

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