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REVIEW

The BREAST-Q in surgical research: A review of the literature 2009–2015



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Summary *Background:* Health outcomes research has gained considerable traction over the past decade as the medical community attempts to move beyond traditional outcome measures such as morbidity and mortality. Since its inception in 2009, the BREAST-Q has provided meaningful and reliable information regarding health-related quality of life (HRQOL) and patient satisfaction for use in both clinical practice and research. In this study, we review how researchers have used the BREAST-Q and how it has enhanced our understanding and practice of plastic and reconstructive breast surgery.

Methods: An electronic literature review was performed to identify publications that used the BREAST-Q to assess patient outcomes. Studies developing and/or validating the BREAST-Q or an alternate patient-reported outcome measure (PROM), review papers, conference abstracts, discussions, comments and/or responses to previously published papers, studies that modified a version of BREAST-Q, and studies not published in English were excluded.

Results: Our literature review yielded 214 unique articles, 49 of which met our inclusion criteria. Important trends and highlights were further examined.

Discussion: The BREAST-Q has provided important insights into breast surgery highlighted by literature concerning autologous reconstruction, implant type, fat grafting, and patient education. The BREAST-Q has increased the use of PROMs in breast surgery and provided numerous

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important insights in its brief existence. The increased interest in PROMs as well as the underutilized potential of the BREAST-Q should permit its continued use and ability to foster innovations and improve quality of care.

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Introduction

Health outcomes research in surgery has gained considerable traction over the past decade as the surgical community attempts to curb soaring health-care costs and move past traditional outcome measures such as morbidity and mortality.¹ As a component of this change, patient-reported outcome measures (PROMs), wherein the patient's perception of his/her outcomes is quantified, have become increasingly important.² In plastic surgery, data of patient-centered outcomes are of particular importance as the majority of operative interventions aim to improve appearance, function, and/or quality of life. Thus, while photographic analysis remains indispensable, the new focus on patient perceptions offers potentially valuable insights into the effectiveness of surgical interventions.

The BREAST-Q, a validated PROM, which has now been translated into 30 languages, quantifies the effect of cosmetic and reconstructive breast surgery (i.e., augmentation, reduction/mastopexy, mastectomy, reconstruction, and breast-conserving therapy), pre- and postoperatively, on health-related quality of life (HRQOL; including physical, psychosocial, and sexual well-being) and patient satisfaction (including satisfaction with breasts, outcome, and care) (Figure 1). Investigators and clinicians can choose to use only those scales that are pertinent to their research question. The questionnaire items in each scale are arranged in a clinically relevant hierarchy (e.g., Satisfaction with Breasts scale ranges from "How satisfied are you with how you look in a mirror clothed?" to "How satisfied are you with how you look in the mirror unclothed?"). As each scale produces an independent score from 0 to 100, there is no

overall BREAST-Q score. Scores are transformed via the Q-score program (<https://webcore.mskcc.org/breastq/>) or designated Tables.^{2,3}

In this study, we examine the use of the BREAST-Q in the surgical research literature, and, in particular, how use of the BREAST-Q has enhanced the understanding and practice of plastic and reconstructive breast surgery.

Methods

An electronic literature review was performed to identify publications that used the BREAST-Q as an outcome measure. Two search engines, PubMed and EMBASE, have been queried with the terms "BREAST-Q" and "BREASTQ" since their inception. Two authors (Wess A. Cohen and Lily R. Mundy) separately reviewed the title and abstract of all articles identified in the search to exclude the irrelevant



Figure 1 BREAST-Q conceptual framework (Pusic A, Klassen A, Scott A et al. Development of a new patient-reported outcome measure for breast surgery: the BREAST-Q. with permission).

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