

<b>Title</b>	<b>Procedures for symmetrisation of the contralateral breast following breast cancer surgery</b>
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<b>Reference</b>	ISBN number 978-2-11-128549-1, link to full report: <a href="http://www.has-sante.fr/portail/jcms/c_982021/procedures-for-symmetrisation-of-the-contralateral-breast-following-breast-cancer-surgery">http://www.has-sante.fr/portail/jcms/c_982021/procedures-for-symmetrisation-of-the-contralateral-breast-following-breast-cancer-surgery</a>

### Aim

In the context of the medical control of healthcare spending, the aim of this assessment requested by the Caisse nationale d'assurance maladie des travailleurs salariés (CNAMTS [National Health Insurance fund for salaried workers]) is to specify the indications, the place of and conditions for carrying out mastoplasty and mastopexy procedures as part of the symmetrisation of the contralateral breast following cancer surgery.

### Conclusions and results

The prevention and correction of breast asymmetry is an integral part of the surgical management of breast cancer. Thus, mammoplasty procedures (mastoplasty or mastopexy) on the contralateral breast for symmetrisation purposes are indicated in all situations where there is asymmetry between the breasts, whatever its nature and extent, as a result of the therapeutic management of breast cancer.

The decision on symmetrisation is taken jointly by the patient and the surgeon. Symmetrisation of the contralateral breast can be either immediate or delayed. Symmetrisation procedures on the contralateral breast are indicated irrespective of the time that has elapsed since the initial therapeutic procedure.

The surgeon responsible for the management of a breast cancer patient must have expertise in both cancer surgery and plastic surgery. The patient must be informed by the surgeon of all the mammoplasty techniques applicable to her situation, even if they are not practiced by the surgeon or the health facility consulted.

It is also necessary to ensure that access to mammoplasty techniques on site or by agreement is guaranteed and that clear information is given to patients when these techniques are proposed in the course of the care pathway. It seems important to improve the content and recognition of existing training in breast surgery, in particular by including a minimum practical training element.

### Methods

The assessment method used is based on:

- the data identified in the scientific literature on the description of the techniques and the place of mammoplasty in breast cancer surgery on the basis of a nonsystematic review of the general journals identified as the main ones on this subject;
- a critical analysis of the literature published between January 2000 and April 2012, after a literature search of the Medline, Pascal and BDSP Public Health databases; and
- the well-argued position of 14 experts in a working group.

The report was examined by the Commission nationale d'évaluation des dispositifs médicaux et des technologies de santé (CNEDiMTS), then validated by the HAS Board.

### Written by

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