Unilateral Breast Cancer (single breast)
Surgical Considerations

The American Society of Breast Surgeons has provided the following information for unilateral breast cancer patients (single breast) who are considering **Contralateral Prophylactic Mastectomy (CPM).** CPM is the removal of both the breast diagnosed with cancer and the unaffected breast).

*High-risk patients, including BRCA carriers, should consult their physicians.*

1. For most women, the estimated risk of cancer in the opposite breast is 2–6 % over the next 10 years. This means you have a 94–98 % chance of not getting cancer in your opposite breast over the next 10 years or more.

2. CPM is not 100 % protective against cancer forming in your other breast.

3. CPM will not improve your cure rate for your known cancer.

4. CPM will not reduce your risk of cancer returning from your known cancer.

5. CPM will not reduce your need for other cancer treatments for your known cancer (adjuvant therapy), if indicated.

6. The risk of surgical complications at the surgical site (such as bleeding, infection, healing complications, and chronic pain) is approximately twice as high when CPM is performed.

7. CPM results in permanent numbness of the chest wall (and nipple if preserved).

8. CPM with reconstruction will result in an increased number of operations.

9. Complications from CPM may delay treatment of your known cancer, including chemotherapy and radiation that may be recommended after surgery.

10. CPM may be associated with negative impact on physical, emotional, and sexual well-being. Approximately 10 % of women regret their decision to undergo CPM.

11. Breast feeding will not be possible after CPM.