

PSP Name	Total number of verified uncertainties identified by the PSP	Uncertainty (PICO formatted indicative uncertainty where possible. Advised minimum requirements are 'Population' and 'Intervention'. Not all submissions may be suitable for PICO structure, but they should be in a format that will ultimately be of value to the research community)	Explanatory note (a plain language summary of up to 150 words, explaining key points of the uncertainty and why it is important, for research funders to begin working on. PSPs may wish to include examples of the original survey submissions here)	Date of the priority setting workshop	Category	Rank of the uncertainty at the final workshop. (If no rank was agreed, please indicate)	Evidence (reference, and weblink where available, to the most recent relevant systematic review identified by the PSP, plus a maximum of 2 other systematic reviews, including protocols for future systematic reviews, that the PSP considers relevant.)	Notes
JLA Post Mastectomy Breast Reconstruction Priority Setting Partnership	86	How to determine the most suitable breast reconstruction surgery for each individual patient taking into consideration pros and cons of each procedure and the patient's unique medical history and personal values?	Research has shown that patient satisfaction with breast reconstruction is highly correlated with preoperative patient expectations, the information that patients receive prior to surgery, the quality of the shared decision-making process between the patient and the surgeon. In essence, the level of satisfaction with surgical outcomes can depend a great deal on how thoroughly patients are individually assessed, and on whether their personal preferences are taken into account by the surgeon. For each patient, there may be one or more breast reconstruction procedures that may ultimately produce the most satisfaction out of the different surgical options. The goal of research in this area would be to develop a method for determining the most suitable breast reconstruction method for each individual patient that may ensure the greatest long-term patient satisfaction.	July 2 2019	Treatment	1	Breast reconstruction following prophylactic or therapeutic mastectomy for breast cancer. Alberta Health Services - Cancer Care  Early and locally advanced breast cancer: diagnosis and management. Evidence-based recommendations on diagnosing and managing early and locally advanced breast cancer.  Breast cancer reconstruction surgery (immediate and delayed) across Ontario: patient indications and appropriate surgical options. Cancer Care Ontario's Program in Evidence-based Care	
JLA Post Mastectomy Breast Reconstruction Priority Setting Partnership	86	How can timely access to breast reconstruction services be improved across Canada for immediate and delayed breast reconstruction?	Prior research has shown that breast cancer reconstruction surgical delivery is both inadequate and inequitable across the country with many variations in patterns of care that are not consistent with clinical indications. In many parts of the country, patients are not being informed of the possible options for breast cancer reconstruction before or after mastectomy. Timely and appropriate access to see a plastic surgeon in consultation for consideration of breast cancer reconstruction can be limited by the knowledge and practice pattern of the referring physician, availability of the plastic surgeon to perform reconstruction, and availability of the operating room resources if both mastectomy and reconstruction are needed at the same time. In our unique healthcare system, how can we find creative and enduring methods to ensure that timely and appropriate access to breast cancer reconstruction are provided to our breast cancer patients?	July 2 2019	Access	2	Early and locally advanced breast cancer: diagnosis and management. Evidence-based recommendations on diagnosing and managing early and locally advanced breast cancer. NICE guideline Published July 2018	
JLA Post Mastectomy Breast Reconstruction Priority Setting Partnership	86	What are the rates of breast cancer re-occurrence and what patients are at a higher risk of breast cancer after breast reconstruction?	Breast cancer recurrence after complete mastectomy is very low, however not zero. Our current breast cancer guidelines suggest that routine surveillance of the chest is not necessary following mastectomy since the incidence of breast cancer recurrence is very low. However, prior research has shown that there may be a small group of patients with higher likelihood for breast cancer recurrence in which further surveillance and closer follow-up may be beneficial. Research in this area to stratify patients into groups of high, intermediate, low likelihood for breast cancer recurrence would be important. Furthermore, it would be important to determine the method and frequency of imaging for those patients in the high-risk category for recurrence depending on their previous breast reconstruction method.	July 2 2019	Information	3	No articles retrieved for this question	*Question #61 (i6) reworded
JLA Post Mastectomy Breast Reconstruction Priority Setting Partnership	86	How does breast reconstruction surgery impact future surveillance?	Explanatory note to question 3 also applies to question 4.	July 2 2019	Treatment	4	Early breast cancer (preventing recurrence and improving survival): adjuvant bisphosphonates: Summary of the evidence on adjuvant bisphosphonates for preventing recurrence or improving survival in people with early breast cancer.  Breast reconstruction following prophylactic or therapeutic mastectomy for breast cancer. Alberta Health Services - Cancer Care  Breast cancer reconstruction surgery (immediate and delayed) across Ontario: patient indications and appropriate surgical options. Cancer Care Ontario's Program in Evidence-based Care	*Question #78 (TR11) reworded

JLA Post Mastectomy Breast Reconstruction Priority Setting Partnership	86	How does radiation therapy affect breast reconstruction including the optimal wait time?	Radiation therapy may be indicated in addition to the surgical treatment of the breast. Radiation may have occurred before or after surgical treatment such as lumpectomy or mastectomy. Radiation has been shown to have an adverse effect on breast reconstruction aesthetic outcomes. In implant reconstruction, radiation can worsen scarring and the formation of capsular contracture. In tissue reconstruction, radiation can cause soft tissue atrophy and muscle fibrosis. It is not currently known whether radiation therapy yields worse long-term aesthetic results when it is delivered prior to or following mastectomy. Furthermore, in a patient who has opted to undergo delay breast reconstruction and had prior radiation, it would be useful to determine if there is an optimal length of time to wait before delayed reconstruction can take place with minimal short and long-term complications.	July 2 2019	Radiation	5	Early and locally advanced breast cancer: diagnosis and management. Evidence-based recommendations on diagnosing and managing early and locally advanced breast cancer.  Breast cancer reconstruction surgery (immediate and delayed) across Ontario: patient indications and appropriate surgical options. Cancer Care Ontario's Program in Evidence-based Care	*Question #66 (RA3) reworded
JLA Post Mastectomy Breast Reconstruction Priority Setting Partnership	86	What are the satisfaction rates associated with each type of breast reconstruction?	There is more research revealing that different methods of breast reconstruction can generate different levels of patient satisfaction, and these satisfaction levels can change over time. It would be very useful for prospective patients to have the data to understand what are the average levels of patient satisfaction associated with the more common types of breast reconstructions, and the dynamic changes that they can expect with their satisfaction in the long-term with each type of breast reconstruction.	July 2 2019	Information	6	Early and locally advanced breast cancer: diagnosis and management. Evidence-based recommendations on diagnosing and managing early and locally advanced breast cancer.	*Question #56 (I1) reworded and divided into 2 questions
JLA Post Mastectomy Breast Reconstruction Priority Setting Partnership	86	Are there any rehabilitation treatments or exercises during the waiting period after mastectomy that are proven to help improve outcomes after reconstruction?	In patients who have either chosen or been recommended to undergo delayed breast reconstruction, they can often wait one year or longer between the mastectomy and reconstruction. During this lengthy waiting period, patients often ask if there are any rehabilitation treatments or exercises that they can actively perform that have been shown to help improve the outcomes following their delayed breast reconstruction. In our era of patient empowerment, it would be very useful to measure if any rehabilitation treatments such as lymphatic or scar massage, or exercises to condition the body can produce better surgical outcomes following their delayed breast reconstruction surgery.	July 2 2019	Access	7	No articles retrieved for this question	*Question #17 (A3) reworded & divided into 2 questions
JLA Post Mastectomy Breast Reconstruction Priority Setting Partnership	86	How can a patient prepare prior to surgery (for example: rehabilitation treatments and exercises) to improve outcomes after breast reconstruction?	In our current era of patient empowerment, patients are seeking out alternative treatments that can help enhance their surgical outcomes. There are a lot of available options for patients that claim to have the ability to improve their surgical healing and other surgical outcomes, such as lymphatic massage, natural supplements, Vitamin drips, or acupuncture. However, these complementary or alternative treatment are limited in their scientific evidence. Research into this area to determine if any of these commonly used peri-operative adjuncts can improve surgical healing in a well-conducted study would have wide spread implications.	July 2 2019	Access	8	No articles retrieved for this question	*Question #17 (A3) reworded & divided into 2 questions
JLA Post Mastectomy Breast Reconstruction Priority Setting Partnership	86	What are the pros and cons of the different types (materials) of implants available for breast reconstruction in Canada?	Recently, the Biocell texturing surface of breast implants has been banned by both Health Canada and the United State's FDA due to their association with a rare type of breast implant associated lymphoma. With more availability of the different types of breast implants, implant materials, implant surfaces, and shapes, there is more public confusion over which type of breast implant may be the safest, most durable, and produce the most satisfaction in the long-term. Patients also want to understand the different pros and cons associated with the different types of breast implants.	July 2 2019	Implants	9	Different types of implants for reconstructive breast surgery. Rocco, Nicola. Rispoli, Corrado. Moja, Lorenzo. Amato, Bruno. Iannone, Loredana. Testa, Serena. Spano, Andrea. Catanuto, Giuseppe. Accurso, Antonello. Nava, Maurizio B. Cochrane Database of Systematic Reviews. 5, 2016.	*Question #1 (IM1) reworded

JLA Post Mastectomy Breast Reconstruction Priority Setting Partnership	86	What is the evidence and safety behind fat grafting for breast reconstruction?	Fat grafting to the reconstructed breast is a relatively novel, but commonly performed procedure in the reconstructed breast. Long-term evidence on the viability of the grafted fat is lacking. Also the safety behind fat grafting to the reconstructed breast is poorly understood. Better research is needed to understand the biology of the newly grafted fat in the reconstructed breast short- and long-term, as well as the safety implications of fat grafting into the reconstructed breast.	July 2 2019	Treatment	10	Autologous skin grafting for breast reconstruction: what is the safety concerns of for autologous skin grafting for women that have operable primary breast cancer  Breast reconstruction using lipomodelling after breast cancer treatment. Evidence-based recommendations on breast reconstruction using lipomodelling after breast cancer treatment.  Laparoscopic mobilisation of the greater omentum for breast reconstruction. Evidence-based recommendations on laparoscopic mobilisation of the greater omentum (keyhole surgery) for breast reconstruction following prophylactic or therapeutic mastectomy for breast cancer. Alberta Health Services - Cancer Care  Breast cancer reconstruction surgery (immediate and delayed) across Ontario: patient indications and appropriate surgical options. Cancer Care Ontario's Program in Evidence-based Care	
JLA Post Mastectomy Breast Reconstruction Priority Setting Partnership	86	What are the short and long term safety concerns of implants?		July 2 2019	Implants	11	Different types of implants for reconstructive breast surgery. Rocco, Nicola. Rispoli, Corrado. Moja, Lorenzo. Amato, Bruno. Iannone, Loredana. Testa, Serena. Spano, Andrea. Catanuto, Giuseppe. Accurso, Antonello. Nava, Maurizio B. Cochrane Database of Systematic Reviews. 5, 2016.  Acellular dermal matrices for breast reconstruction surgery. Rolph, Rachel. Duffy, MN James. Mehta, Saahil N. TanKoay, Grace Ava. Farhadi, Jian. Cochrane Database of Systematic Reviews. 12, 2015.  Breast reconstruction following prophylactic or therapeutic mastectomy for breast cancer. Alberta Health Services - Cancer Care Published on: 2017-02.  Breast cancer reconstruction surgery (immediate and delayed) across Ontario: patient indications and appropriate surgical options. Cancer Care Ontario's Program in Evidence-based Care Published on: 2016-01.	Question #2 (IM2) reworded
JLA Post Mastectomy Breast Reconstruction Priority Setting Partnership	86	What are the factors associated with success and failure of breast reconstruction?		July 2 2019	Information	12	Early and locally advanced breast cancer: diagnosis and management. Evidence-based recommendations on diagnosing and managing early and locally advanced breast cancer.	*Question #56 (I1) reworded and divided into 2 questions
JLA Post Mastectomy Breast Reconstruction Priority Setting Partnership	86	What should be the ideal wait time between mastectomy and delayed breast reconstruction in a patient who has had radiation versus a patient who has not had radiation?		July 2 2019	Radiation	13	No articles retrieved for this question	*Question #40 (R3) reworded

JLA Post Mastectomy Breast Reconstruction Priority Setting Partnership	86	What is the evidence behind implants and the development of anaplastic large cell lymphoma (ALCL) and breast implant illness?		July 2 2019	Implants	14	Different types of implants for reconstructive breast surgery. Rocco, Nicola. Rispoli, Corrado. Moja, Lorenzo. Amato, Bruno. Iannone, Loredana. Testa, Serena. Spano, Andrea. Catanuto, Giuseppe. Accurso, Antonello. Nava, Maurizio B. Cochrane Database of Systematic Reviews. 5, 2016.  Acellular dermal matrices for breast reconstruction surgery. Rolph, Rachel. Duffy, MN James. Mehta, Saahil N. TanKoay, Grace Ava. Farhadi, Jian. Cochrane Database of Systematic Reviews. 12, 2015.  Breast reconstruction following prophylactic or therapeutic mastectomy for breast cancer. Alberta Health Services - Cancer Care Published on: 2017-02.  Breast cancer reconstruction surgery (immediate and delayed) across Ontario: patient indications and appropriate surgical options. Cancer Care Ontario's Program in Evidence-based Care Published on: 2016-01.	*Question #2 (IM2) reworded
JLA Post Mastectomy Breast Reconstruction Priority Setting Partnership	86	What are the pros and cons of nipple sparing surgery versus non-nipple-sparing surgery and nipple reconstruction at a later stage?		July 2 2019	Treatment	15	Nipple- and areola-sparing mastectomy for the treatment of breast cancer. Mota, Bruna S. Riera, Rachel. Ricci, Desiderio Marcos. Barrett, Jessica. de Castria, Tiago B. Atallah, Alvaro N. Bevilacqua, Luiz Jose.  Breast cancer reconstruction surgery (immediate and delayed) across Ontario: patient indications and appropriate surgical options. Cancer Care Ontario's Program in Evidence-based Care	
JLA Post Mastectomy Breast Reconstruction Priority Setting Partnership	86	What proportion of patients regret having breast reconstruction?		July 2 2019	Information	16	No articles retrieved for this question	*Question #58 (I3) reworded
JLA Post Mastectomy Breast Reconstruction Priority Setting Partnership	86	What are the failure rates associated with each type of breast reconstruction?		July 2 2019	Information	17	Early and locally advanced breast cancer: diagnosis and management. Evidence-based recommendations on diagnosing and managing early and locally advanced breast cancer.	*Question #56 (I1) reworded and divided into 2 questions
JLA Post Mastectomy Breast Reconstruction Priority Setting Partnership	86	What are the possible complications as well as side effects of post mastectomy breast reconstruction?		July 2 2019	What to Expect	18	Wound drainage after plastic and reconstructive surgery of the breast. Khan, Sameena M. Smeulders, Mark J. Van der Horst, Chantal M. Cochrane Database of Systematic Reviews. 10, 2015.  Fibrin glue instillation under skin flaps to prevent seroma-related morbidity following breast and axillary surgery. Sajid, Muhammad S. Hutson, Kristian H. Rapisarda, Ignazio F. Bonomi, Riccardo. Cochrane Database of Systematic Reviews. 5, 2013  Breast reconstruction following prophylactic or therapeutic mastectomy for breast cancer. Alberta Health Services - Cancer Care Published on: 2017-02  MIB97: TopClosure Tension Relief System for wound closure Advice on the use of the TopClosure Tension Relief System for wound closure to aid local decision-making. Medtech innovation briefing Published March 2017.  Early and locally advanced breast cancer: diagnosis and management Evidence-based recommendations on diagnosing and managing early and locally advanced breast cancer. NICE guideline Published July 2018	*Question #29 (WT2) reworded and divided into 2 questions
JLA Post Mastectomy Breast Reconstruction Priority Setting Partnership	86	What are the rates of re-operation after different breast reconstruction methods?		July 2 2019	Information	19	No articles retrieved for this question	*Question #61 (I6) reworded

JLA Post Mastectomy Breast Reconstruction Priority Setting Partnership	86	How can complications be prevented after post mastectomy breast reconstruction?		July 2 2019	What to Expect	20	<p>Wound drainage after plastic and reconstructive surgery of the breast. Khan, Sameena M. Smeulders, Mark J. Van der Horst, Chantal M. Cochrane Database of Systematic Reviews. 10, 2015.</p> <p>Fibrin glue instillation under skin flaps to prevent seroma-related morbidity following breast and axillary surgery. Sajid, Muhammad S. Hutson, Kristian H. Rapisarda, Ignazio F. Bonomi, Riccardo. Cochrane Database of Systematic Reviews. 5, 2013</p> <p>Breast reconstruction following prophylactic or therapeutic mastectomy for breast cancer. Alberta Health Services - Cancer Care Published on: 2017-02</p> <p>MIB97: TopClosure Tension Relief System for wound closure Advice on the use of the TopClosure Tension Relief System for wound closure to aid local decision-making. Medtech innovation briefing Published March 2017.</p> <p>Early and locally advanced breast cancer: diagnosis and management Evidence-based recommendations on diagnosing and managing early and locally advanced breast cancer. NICE guideline Published July 2018</p>	*Question #29 (WT2) reworded and divided into 2 questions
JLA Post Mastectomy Breast Reconstruction Priority Setting Partnership	86	In a patient with breast cancer, what are the pros and cons of having mastectomy with immediate breast reconstruction?		July 2 2019	Treatment	21	<p>Immediate versus delayed reconstruction following surgery for breast cancer. D'Souza, Nigel. Darmanin, Geraldine. Fedorowicz, Zbys. Cochrane Database of Systematic Reviews. 9, 2011</p> <p>Early and locally advanced breast cancer: diagnosis and management. Evidence-based recommendations on diagnosing and managing early and locally advanced breast cancer.</p> <p>Breast cancer reconstruction surgery (immediate and delayed) across Ontario: patient indications and appropriate surgical options. Cancer Care Ontario's Program in Evidence-based Care Published on: 2016-01.</p>	
JLA Post Mastectomy Breast Reconstruction Priority Setting Partnership	86	What is the evidence behind new breast reconstruction techniques (for example: dermal matrix)?		July 2 2019	Treatment	22	No articles retrieved for this question	*Question #69 (TR2) reworded
JLA Post Mastectomy Breast Reconstruction Priority Setting Partnership	86	How many future surgeries should patients expect with each type of surgery?		July 2 2019	What to Expect	23	Early and locally advanced breast cancer: diagnosis and management Evidence-based recommendations on diagnosing and managing early and locally advanced breast cancer. NICE guideline Published July 2018	*Question #31 (WT4) reworded and divided into 3 questions
JLA Post Mastectomy Breast Reconstruction Priority Setting Partnership	86	What is the lifetime of a breast implant?		July 2 2019	Implants	24	No articles retrieved for this question	*Questions #3 (IM3) reworded
JLA Post Mastectomy Breast Reconstruction Priority Setting Partnership	86	What are the different ways to improve sensation in the reconstructed breast?		July 2 2019	Treatment	25	No articles retrieved for this question	*Questions #80 (TR13) reworded

ID	Uncertainty	Original uncertainty	Evidence (reference, and weblink where available, to the most recent relevant systematic review identified by the PSP, plus a maximum of 2 other systematic reviews, including protocols for future systematic reviews, that the PSP considers relevant.)	Source of Uncertainty (if there are multiple sources, a PSP may wish to show them e.g. 1 x patient, 19 x clinician, 4 x research recommendations)
1 IM1	<b>What are the different types of implants available to patients and what materials are these made of?</b>	I didn't know that they were two types of implants I have an implanted device? If it is smooth walled? If it is textured? types of implants? What advances have there been in saline implant reconstruction?	Different types of implants for reconstructive breast surgery. Rocco, Nicola. Rispoli, Corrado. Moja, Lorenzo. Amato, Bruno. Iannone, Loredana. Testa, Serena. Spano, Andrea. Catanuto, Giuseppe. Accurso, Antonello. Nava, Maurizio B. Cochrane Database of Systematic Reviews. 5, 2016.	11 Patients, 3 Clinicians
2 IM2	<b>What are some concerns and challenges patients' experience after implant reconstruction?</b>	The skin over an implant often feels cold to touch. You may or may not have much sensation  How do I know if my implant is leaking or there is too much scar tissue building up?  With implants, are they likely to need revisions?  However a few have had their implants removed as there was research that revealed that there was an increased chance of developing a secondary type of cancer, so they wanted to be pro active and have them removed	Different types of implants for reconstructive breast surgery. Rocco, Nicola. Rispoli, Corrado. Moja, Lorenzo. Amato, Bruno. Iannone, Loredana. Testa, Serena. Spano, Andrea. Catanuto, Giuseppe. Accurso, Antonello. Nava, Maurizio B. Cochrane Database of Systematic Reviews. 5, 2016.  Acellular dermal matrices for breast reconstruction surgery. Rolph, Rachel. Duffy, MN James. Mehta, Saahil N. TanKoay, Grace Ava. Farhadi, Jian. Cochrane Database of Systematic Reviews. 12, 2015.  Breast reconstruction following prophylactic or therapeutic mastectomy for breast cancer. Alberta Health Services - Cancer Care Published on: 2017-02.  Breast cancer reconstruction surgery (immediate and delayed) across Ontario: patient indications and appropriate surgical options. Cancer Care Ontario's Program in Evidence-based Care Published on: 2016-01.	57 Patients or Care-givers, 3 Clinicians
3 IM3	<b>How long do implants last for patients?</b>	Do implants need to be changed or only with problems  how long will any implants last.  How long do implants last? When will I need my implants to be replaced?  Is it necessary or advisable to have implants replaced after a certain period of time?	No Systematic Reviews found	16 Patients, 3 Clinicians
4 IM4	<b>Do patients have a choice in the type of reconstruction they receive?</b>	Why implants instead of using my own body to reconstruct?  ...Implants vs flap procedure?	No SRs retrieved for this question- Nonresearchable/excluded	3 Patients
5 IM5	<b>How to assist breast reconstruction patients decide on implants versus other procedures?</b>	I asked what implants are best for a very active lifestyle. Where the incision would be made..... Where are the implants placed,( In front or behind the pectoral muscle). Side effects, (capsular contracture, cancer, bruising, etc.)  For patients that are candidates for implant based as well as autologous reconstruction - how to help patients decide which is the best option for them	Different types of implants for reconstructive breast surgery. Rocco, Nicola. Rispoli, Corrado. Moja, Lorenzo. Amato, Bruno. Iannone, Loredana. Testa, Serena. Spano, Andrea. Catanuto, Giuseppe. Accurso, Antonello. Nava, Maurizio B. Cochrane Database of Systematic Reviews. 5, 2016.  Breast cancer reconstruction surgery (immediate and delayed) across Ontario: patient indications and appropriate surgical options. Cancer Care Ontario's Program in Evidence-based Care Published on: 2016-01.	2 Patients, 1 Clinician
6 IM6	<b>What are the differences between implants and other breast reconstruction surgeries?</b>	Pros and cons of using your own tissue vs. Synthetic implants  The risks of surgery. The risks/benefits to a diep flap vs. implants.  What are the differences between implant vs tissue based surgeries? Are there comparative data sources Le pros vs cons of each available?	No SR retrieved for this question- Not researchable	7 Patients, 3 Clinicians

7	RE1	<b>What are some of the types, content and organization of resources needed by patients before having breast reconstruction surgery?</b>	<p>BRA days was helpful and I recommend it for anyone that wants to do surgery. The show and tell is particularly insightful....</p> <p>How effective has proactive education been to effectively provide patients with information on reconstruction?</p> <p>How can I speak to other people who have reconstruction and hear about ongoing pain or discomfort?</p>	Breast reconstruction following prophylactic or therapeutic mastectomy for breast cancer. Alberta Health Services - Cancer Care Published on: 2017-02	229 Patients and Care-givers, 44 Clinicians
8	RE2	<b>Do breast reconstruction patients (in all situations) have adequate access to resources, information and support?</b>	<p>I found info on my own. It would be helpful for f the breast clinic had info to give you. I didn't even know what questions to ask so how could I ask? My plastic surgeon was great.</p> <p>It would be nice to see images pre surgery and know definite post-surgery options. Comments: when in doubt, more is more. The least evasive surgery isn't necessarily the best prognosis.</p> <p>I was only presented with one option for reconstruction with 2 types of implants. I would have liked to learn more about other types of reconstruction</p> <p>I feel like maybe there isn't enough information available about the option of breast reconstruction.</p>	No articles retrieved for this question	73 Patients and Care-givers, 13 Clinicians
9	RE3	<b>Is the information on breast reconstruction surgery online reliable, up-to-date and/or useful?</b>	<p>There is so much information on the internet, but it's difficult to know what is coming from reputable sources and is specific to what options are available to you.</p> <p>Where can I direct patient for reliable evidence based information regarding these various options?</p> <p>There are many types of reconstruction both auto graft and artificial enhancement that affect perceptions of body image and outcome, where would a patient find easy access to objective literature</p> <p>Balanced, current, and easy to understand (for patients) on-line information/resource for patients considering breast reconstruction would be very useful</p>	No articles retrieved for this question	9 Patients and Care-givers, 4 Clinicians
10	RE4	<b>What resources are helpful to have and make routinely available for breast reconstruction patients before meeting a Plastic Surgeon?</b>	<p>Having a website with information to direct patients to prior to them seeing a plastic surgeon would be helpful.....</p> <p>Where does one find information about various breast reconstruction options prior to meeting with the plastic surgeon, so we can go into that appointment feeling prepared instead overwhelmed?.....</p> <p>Essential to ensure that information (reading material) is given prior to appointment. It's a lot of info to digest and therefore important to be prepared to ask questions.</p> <p>Should the patient be given a handout of frequently asked questions from their referring physician regarding breast reconstruction?</p>	No articles retrieved for this question	19 Patients and Care-givers, 6 Clinicians
11	RE5	<b>Do all hospitals provide and share resources with the patients on breast reconstruction surgery in the same way?</b>	<p>I wish there had been more information provided to me at my local hospital. I had to do a lot of research myself.</p> <p>The information given during the CHUM BRA Day had its effects and should be available to all in the form of video clips. The clips of the CHUM on reconstruction based on patient testimonials is a good start thinking, but not enough technical information is given before embarking on this path.</p> <p>Small hospital doctors do not know enough about the reconstruction options and do not speak about them. They go too fast.</p>	No articles retrieved for this question	3 Patients and Care-givers
12	RE6	<b>Are patients able to get resources and information on breast reconstruction at the time of breast cancer diagnosis?</b>	<p>Information should be made available to anyone diagnosed with breast cancer. That is often not the case. Knowing that it is an option and how to access the right professionals should be a right not information available to those in the know....</p> <p>There should be more information available when you discuss the mastectomy</p> <p>My surgeon never even gave me information about breast reconstruction at the time of mastectomy. I was forced to have post mastectomy reconstruction. It would have been nice to have all the facts prior to my mastectomy.</p>	No articles retrieved for this question	18 Patients and Care-givers, 3 Clinicians

13	RE7	<b>What resources are available to patients considering prophylactic mastectomy?</b>	<p>First of all I would like to know what type of cancer I had - grade? Ductile? Invasive? If lymph nodes were affected. Breast reconstruction are usually done in conjunction with a mastectomy. If mastectomies are done for prophylactic reasons then research and questions should be done and considered....</p> <p>I would like to see more information on prophylactic mastectomy as that was not as predominant versus those who had mastectomy post cancer and treatment.</p> <p>Access to information is key. I knew I was BRCA 1 positive for 11 years before I was ready to do the prophylactic surgery - and the good thing about waiting is that I was eligible for a 1 or 2 step reconstruction and nipple sparing versus what I was told would be a 4 step process over 18-24 months 11 years ago. I also was connected with Breast Cancer Supportive Care Foundation - which offers counselling for women - it was the emotional side - whereas meeting only with surgeons will emphasize the physical aspects involved. Emotional processing prior to the mastectomy and recovery is crucial in my opinion.</p>	No articles retrieved for this question	8 Patients and Care-givers
14	RE8	<b>What resources should be provided to patients' partners when they are going through breast reconstruction surgery?</b>	How can I best support a patient in their journey through contemplating surgery, preparing for surgery and postop?	No articles retrieved for this question	1 Other
15	A1	<b>What are the gaps in services after mastectomy and breast reconstruction?</b>	<p>Tell them about rehab and side effects that can be treated by a qualified physiotherapist.</p> <p>What is involved in aftercare?</p> <p>What can I do about scar tissue (long term). What can I do to make going to massage or chiro more comfortable as I can no longer lay on my "new" boobs.</p> <p>Are patients connected with outpatient post op care?</p>	No articles retrieved for this question	37 Patients and Care-givers, 5 Clinicians
16	A2	<b>How can timely access to breast reconstruction services be improved across Canada for delayed and immediate breast reconstruction?</b>	<p>I am not familiar with wait times in our province nor how many physicians actually do the procedure.</p> <p>why is there a 3 year wait list in Nova Scotia for reconstruction, with no dedicated reconstruction team?</p> <p>In metropolitan Montreal, once you are outside the Island of Montreal, you end up in a "region" (North Shore, South Shore) and therefore immediate breast reconstruction (with or without an expander) is rarely available. However, when we read in women's magazines or attend BRA Day, we feel that reconstructions are also available everywhere.</p> <p>How can we improve multidisciplinary access</p>	Early and locally advanced breast cancer: diagnosis and management. Evidence-based recommendations on diagnosing and managing early and locally advanced breast cancer. NICE guideline Published July 2018	17 Patients and Care-givers, 15 Clinicians
17	A3	<b>Are there pre-rehab or pre-exercise options available in Canada before having reconstruction?</b>	<p>Will be helpful to know about prehab (arm exercises) and rehab as well as physiotherapist that can help in this regard....</p> <p>Is there anything that can be done before surgery for a better outcome? (exercise, massage, ROM)</p> <p>I wish there had been more information about wait times and the importance of physical fitness pre-op</p>	No articles retrieved for this question	5 Patients and Care-givers, 2 Clinicians
18	A4	<b>What are some ways to support the emotional and mental health of breast reconstruction patients through the reconstruction process?</b>	<p>For me it was the emotional side that I needed to look at. More information on how to deal with the emotional changes that a mastectomy and/or reconstruction brings about.</p> <p>the mental preparation required</p> <p>Counselling available pre/post op?...</p> <p>In northern Ontario wait times are excruciating which can impact the mental health of woman</p>	Interventions to improve psychosocial well-being in female BRCA-mutation carriers following risk-reducing surgery. Jeffers, Lisa, Reid, Joanne. Fitzsimons, Donna, Morrison, Patrick J. Dempster, Martin. Cochrane Database of Systematic Reviews. 12, 2017	11 Patients and Care-givers, 5 Clinicians
19	A5	<b>How do patients access physiotherapy services after breast reconstruction surgery?</b>	<p>Can I be referred to physical therapy as needed?...</p> <p>Access to Physiotherapy?</p> <p>Should I have physiotherapy so that the scar tissue doesn't stick to the implant</p>	No articles retrieved for this question	3 Patients and Care-givers, 3 Clinicians

20	A6	<b>What are the patient's experiences with having dressings changed after breast reconstruction?</b>	<p>The worst part of recovery was dealing with different ParaMed nurses (arranged through CCAC) to have dressings changed. Each nurse had a different technique and disagreed with my surgeon's recommendations. I was required to visit the clinic rather than have home care.</p> <p>I also found that service was hit and miss at wound care - with staff sometimes not having read more than the first part of the notes therefore asking questions like we are removing the drain today when drain had been removed a week before, etc. I also found staff contradicted each other on wound management instructions. There also didn't seem to be adequate communication between clinic and surgeon.....</p>	No articles retrieved for this question	2 Patients
21	A7	<b>When should physiotherapy start after breast reconstruction surgery?</b>	<p>When should physiotherapy be started after breast reconstruction?</p> <p>Access to disability benefits</p>	No articles retrieved for this question	1 Clinician
22	A8	<b>Are there any access to disability benefits for patients undergoing breast reconstruction surgery?</b>	<p>On the recovery time which really has nothing to do with you my unemployment ran out and I had to go another month with no money coming in. So to look into some kind of funding that can help you while you're on recovery as you don't need more stress with no money coming in and trying to recover.</p>	No articles retrieved for this question	2 Patients
23	A9	<b>Does rehabilitation for breast reconstruction improve quality of life?</b>	<p>Does breast reconstruction rehab improve QOL?</p>	No articles retrieved for this question	1 Clinician
24	E1	<b>What are the suggestions and advice from clinicians, patients and others for meeting with a Plastic Surgeon or having breast reconstruction surgery?</b>	<p>Request a consultation with a reconstructive, plastic surgeon when you have a diagnosis of breast cancer.</p> <p>Not a choice I have had to make personally. I would recommend some very careful thought</p> <p>There is no one fits all answer. Get factual stories from survivors. Would your decision change if it was just one breast or two. Don't rush into decision and be prepared to feel differently after surgery.</p> <p>Do some research on your own before you go and see the surgeon, therefore you can get the most from the information that the Doctor gives you. It will also help you understand the medical terminology that the surgeon uses</p>	No articles retrieved for this question	46 Patients and Care-givers, 15 Clinicians
25	E2	<b>What are the experiences of patients and clinicians with the mastectomy and breast reconstruction surgery process?</b>	<p>I had a positive experience, as I did not have to wait too long to see my surgeon once I had my referral request placed.</p> <p>I had reconstruction done it went horribly wrong for me.</p> <p>I'm happy to have had reconstruction. It truly helped in the emotional healing process. I don't usually wear a bra, but you can tell that the breast that had radiation is lumpy. If I want to really look normal, I need to wear a bra with prosthetic of some sort.</p> <p>My referral happened very quickly and I was extremely grateful for this. It was a very hopeful and positive experience in light of the news that I would be facing mastectomies. Waiting is very difficult when you are trying to get through treatment and recovery.</p>	No articles retrieved for this question	57 Patients and Care-givers, 4 Clinicians
26	E3	<b>What are the post-surgery results for patients that have gone through breast reconstruction surgery?</b>	<p>My experience was perfect all the way. The recovery went very well, the long-term result is very satisfactory because there was a 'lift of the other breast, so that the two breasts are identical (or almost). Once again, I am very satisfied.</p> <p>Long term results very unsatisfactory to this point 2 month post-surgery with no other surgical corrections or options for the moment</p> <p>Still going through the process, year and a half later and four surgeries, one of the best choices I made in my life, and it wasn't an easy one.</p>	No articles retrieved for this question	6 Patients and Care-givers
27	E4	<b>What advice has been given for surgeons to consider prior to their patients consenting to having breast reconstruction surgery?</b>	<p>Include information about NOT having to reconstruct - FLAT is an option, too. Talk about how reconstruction does NOT feel like real breasts for the lady or her man.</p> <p>I would like to see less emphasis on reconstruction...many women leave their initial consultations believing that reconstruction is required. It isn't</p> <p>been there and done that. But surgeons need to explain ALL the options so the WOMAN can decide</p>	No articles retrieved for this question	3 Patients and Care-givers, 2 Clinicians

28	WT1	<b>What is the recovery process (including healing time) and expected appearance changes from different breast reconstruction surgeries?</b>	<p>I would like to have more information about how long the recovery time is.</p> <p>If I were to decide about breast reconstruction I would want to know about: recovery time and recovery process</p> <p>An honest idea about time to full recovery</p> <p>It would be great if the recovery could be discussed based on the surgery a person chooses. The challenges of a DIEP vs IGAP vs implant. After an implant, a person bounces back relatively quickly (I have had two put in 10 years ago). When doing an excision of tissue surgery the recovery if all goes well can be six weeks. Women should be made aware. Also things like tissue necrosis, the surgery failing, the reconstructed breast dying due to blood flow - all the what if's should be laid out.</p>	No articles retrieved for this question	121 Patients and Care-givers, 39 Clinicians
29	WT2	<b>What are the complications (e.g. scars, drains, lymphedema, sensation, pain, infections etc.), short and long term side effects and impacts of mastectomy and different breast reconstruction surgeries?</b>	<p>More long term information about reconstructed breasts is much needed. For example: 1.what to expect with aging breast reconstruction, particularly when both breasts are not constructed/modified the same way.....</p> <p>Recovery had a bit of a hiccup as one of my drains (right breast) never worked so the surgeon had to keep aspirating that side. It kept forming seromas for months. That was the only minor issue with me. My long term results have been very good.</p> <p>How long drains would be needed. How quickly to return to normal activities and sports.</p> <p>What percent of patients have infections? How many follow up appointments are required? What are the risks?</p>	<p>Wound drainage after plastic and reconstructive surgery of the breast. Khan, Sameena M. Smeulders, Mark J. Van der Horst, Chantal M. Cochrane Database of Systematic Reviews. 10, 2015.</p> <p>Fibrin glue instillation under skin flaps to prevent seroma-related morbidity following breast and axillary surgery. Sajid, Muhammad S. Hutson, Kristian H. Rapisarda, Ignazio F. Bonomi, Riccardo. Cochrane Database of Systematic Reviews. 5, 2013</p> <p>Breast reconstruction following prophylactic or therapeutic mastectomy for breast cancer. Alberta Health Services - Cancer Care Published on: 2017-02</p> <p>MIB97: TopClosure Tension Relief System for wound closure Advice on the use of the TopClosure Tension Relief System for wound closure to aid local decision-making. Medtech innovation briefing Published March 2017.</p> <p>Early and locally advanced breast cancer: diagnosis and management Evidence-based recommendations on diagnosing and managing early and locally advanced breast cancer. NICE guideline Published July 2018</p>	157 Patients and Care-givers, 63 Clinicians
30	WT3	<b>To what extent will the reconstructed breast feel the same as the natural breast and what are the effects of sexual intimacy?</b>	<p>What does a reconstructed breast feel like? How is a reconstructed breast similar to and different from a real breast?</p> <p>What will my new reconstructed breasts feel like</p> <p>how it will affect sexual experience</p>	Interventions for sexual dysfunction following treatments for cancer in women. Candy, Bridget. Jones, Louise. Vickerstaff, Victoria. Tookman, Adrian. King, Michael. Cochrane Database of Systematic Reviews. 2, 2016.	30 Patients and Care-givers, 7 Clinicians
31	WT4	<b>What should patients expect when having breast reconstruction regarding timelines (for hospital stay and length of surgery), surgical outcomes, limitations, future surgeries, safety and risks?</b>	<p>Knowing the timelines and if there will be any restrictions with my athletic lifestyle</p> <p>I think a timeline needs to be provided to mastectomy patients with reconstruction as to what exactly is allowed at which week i.e. range of motion, lifting exercises etc</p> <p>What to expect going forward?.....</p> <p>Recovery took MUCH MUCH longer than expected. Definitely a lot longer than the surgeon suggested. Get real timelines from patients. I was told to expect to be out of commission for 6 weeks by patients and this was accurate. .... Also I spent a week recovering in hospital and a lot of the nurses on the ward were not familiar with my surgery and one tried to make me sit up in a chair right less than 12 hrs after my surgery and I became quite dizzy as I wasn't ready. The frequent checks while in hospital are not helpful. There has surely got to be a better way of checking integrity of the new breast without waking the patient up every 3-4 hrs. My surgeon didn't have as much fat as she envisioned so reconstructions is a lot smaller than thought. A discussion about a contingency plan ahead of surgery will be useful.</p>	Early and locally advanced breast cancer: diagnosis and management Evidence-based recommendations on diagnosing and managing early and locally advanced breast cancer. NICE guideline Published July 2018	131 Patients and Care-givers, 43 Clinicians
32	WT5	<b>How many more surgeries will a patient need after the first breast reconstruction surgery?</b>	<p>How many medical and surgical procedures will be required before reconstruction is complete?</p> <p>How often would it need to be "redone" - what are the success rates and scarring associated with redoing breast implants over the years if required / recommended to do so</p> <p>How many surgeries are involved?</p> <p>How many 'touch ups' are required?</p>	Early and locally advanced breast cancer: diagnosis and management Evidence-based recommendations on diagnosing and managing early and locally advanced breast cancer. NICE guideline Published July 2018	18 Patients and Care-givers, 8 Clinicians

33	WT6	<b>What are the expected results after breast reconstruction surgery?</b>	<p>Good to know about long term results</p> <p>Which surgery will give me the best long term result</p> <p>Will reconstruction have any impact on my quality of life?</p> <p>Since the recovery went well, I have no questions about this subject. On the other hand, in terms of long-term results, I have no clue. I think the surgeon does not have enough time to talk to patients for long periods of time.</p>	No articles retrieved for this question	31 Patients and Care-givers, 16 Clinicians
34	WT7	<b>How much time off is needed for BRS? What are the restrictions recommended after breast reconstruction surgery?</b>	<p>Knowing an approximate wait time, this helps to arrange time off work</p> <p>How long before I can resume my regular activities of daily living?</p> <p>Is there a time for recovery? For example: not to lift for a certain time?</p> <p>How does the reconstruction affect the mobility of my arm and shoulder?</p>	No articles retrieved for this question	12 Patients and Care-givers, 5 Clinicians
35	WT8	<b>How should patients' care for the reconstructed breast?</b>	<p>What is involved for post surgery care</p> <p>What precautions do I have to follow post surgery - e.g. sleeping positions</p> <p>What are the recovery precautions I should be taking (eg when to shower, whether or not I can shower or lift things right away, pain levels, recognizing signs of infection, etc)? How long does it take for breasts to settle into their shape? What types of bras should I be wearing afterwards, and when can I begin to wear an underwire?</p>	No articles retrieved for this question	3 Patients and Care-givers, 2 Clinicians
36	WT9	<b>What is the information available for those patients who are not yet having breast reconstruction surgery?</b>	<p>What resources are there for non-reconstruction patients, post-op. Meaning: regional resources for prosthesis or how to navigate the world "flat". What are the full list of risks for reconstruction, and not gloss over the less common risks.</p>	No articles retrieved for this question	1 Patient
37	W10	<b>What is the data on self-image on patients that have had BRS?</b>	<p>What do studies indicate about self-image in patients who get reconstruction vs. those who don't? (Many doctors assume that women won't be happy with their bodies if they don't get reconstruction -- and encourage or pressure patients to have it done -- but this hasn't been the case for me, I suspect the same may be true for many others).</p>	No articles retrieved for this question	1 Patient
38	R1	<b>How does a patient get referred to or choose a plastic surgeon for immediate breast reconstruction?</b>	<p>Referral to a centre that runs immediate breast reconstruction clinics</p> <p>It was by chance that I was referred/stumbled upon a plastic surgeon for reconstruction. I was a candidate for immediate reconstruction and I shudder to think of the real possibility that I may not have found a surgeon in time to have the option for breast reconstruction that I wanted/was best for me. The first meeting would have been much more efficient had I known about breast reconstruction, terms, options, etc.</p> <p>We need to make it standard of care for every surgeon who performs breast oncologic surgery to discuss reconstruction with the patient.</p>	No articles retrieved for this question	6 Patients and Care-givers, 2 Clinicians
39	R2	<b>How does a patient get referred or choose a plastic surgeon for delayed breast reconstruction?</b>	<p>How to be referred</p> <p>Referral process, central booking to next available vs. pick your own surgeon and how to pick the right one</p> <p>It would be great to know how to find a surgeon</p> <p>Choice between different plastic surgeons</p>	No articles retrieved for this question	36 Patients and Care-givers, 6 Clinicians
40	R3	<b>What are the wait times for referral for delayed breast reconstruction?</b>	<p>Referral was quickish, wait time was long but provided plenty of time to truly consider all aspects of the process.</p> <p>I do feel a little at sea about the process - it took a while to get referred to a surgeon, so I probably won't get the surgery done until almost four years after my mastectomy</p> <p>My wait time was quite long because i had it after chemo and radiation and had to wait to heal from that.</p> <p>How long would the referral process and wait time be?...</p>	No articles retrieved for this question	104 Patients and Care-givers, 25 Clinicians
41	R4	<b>How is the breast cancer patient's care coordinated between surgeons in the context of immediate breast reconstruction?</b>	<p>We are currently working on streamlining the process in our center. Coordinating all the services is challenging due to schedules and the time required to educate breast cancer patients.</p> <p>Also coordination between breast surgeon and plastic surgeon is important in terms of scheduling surgery and what to expect.</p> <p>Need to have a consistent message from all members of the team. Need the team to be proactive, in a balanced way. Should not pressure the woman into accepting reconstruction, if she's truly not interested.</p>	No articles retrieved for this question	10 Patients and Care-givers, 8 Clinicians

42	R5	<b>Are other physicians familiar with referrals to plastic surgery for delayed breast reconstruction?</b>	<p>for the referring physician to be familiar with the referral process and which plastic surgeon to refer to</p> <p>I think the family doctor, oncologist, and front line nursing staff should have a baseline knowledge about the options available to the patient with regards to reconstruction. They should also know the fees associated (if any) and know what they have to ask their breast surgeon and how to explain they would like the option to have recon following a mastectomy</p> <p>How do clinicians access this form</p>	No articles retrieved for this question	1 Patient, 2 Clinicians
43	R6	<b>Which breast cancer patients get referred to a plastic surgeon?</b>	<p>How to navigate the healthcare system from understanding the referral process, to wait times for appointments and breast reconstruction surgery?</p> <p>The referral offer should be framed to assure the woman that breast reconstruction is a choice, not a necessity, but that information is paramount for her to have the opportunity to make a choice.</p> <p>What is the referral process?</p>	No articles retrieved for this question	8 Patients and Care-givers, 10 Clinicians
44	R7	<b>Are there follow up visits scheduled with the Plastic Surgeon after a breast reconstruction surgery?</b>	<p>Will the plastic surgeon be available to see patient and provide acceptable care when a major complication arises?</p> <p>How long will I be followed by my surgeon</p> <p>Will the plastic surgeon be available to see patient and provide acceptable care when a major complication arises?</p> <p>Why don't the plastic surgeons follow them for the fat necrosis?</p>	No articles retrieved for this question	10 Patients and Care-givers, 5 Clinicians
45	R8	<b>Can a patient request the initial referral or a second opinion with a plastic surgeon?</b>	<p>How to get referred to multiple surgeons?...</p> <p>What is the process for getting a second opinion?....</p> <p>In some cases, I think that meeting with more than one plastic surgeon to discuss options and techniques represents a meaningful process for some patients who were suggested to do so. Knowing that getting a second opinion at a different hospital is an option to women, particularly if wait times impart a longer delay than they wish, is another way of empowering them in their reconstruction journey.</p>	No articles retrieved for this question	7 Patients and Care-givers, 3 Clinicians
46	R9	<b>How can a patient know if their plastic surgeon specializes in breast reconstruction?</b>	<p>How does one physician offer all types of reconstruction to a patient if they only perform a limited number of options? How does the patient get information on all the other options at the treating physician does not perform?</p> <p>How long has the surgeon been doing breast reconstruction surgery?</p> <p>best surgeon for the procedure</p> <p>finding the 'right' surgeon</p>	No articles retrieved for this question	42 Patients and Care-givers, 18 Clinicians
47	DM1	<b>What helps women with the decision making process when pursuing breast reconstruction surgery?</b>	<p>For me personally, was the absolute best decision. The decision was based on being informed and asking my physician questions regarding products and procedures available to me and my specific needs.</p> <p>Have already had - however, decision making is well supported by comparison charts, in most cases, for all parameters.</p> <p>There seems to be a lot of information available but some of it is not simplified enough for non-medical people to understand. That makes any decisions difficult.</p> <p>How to make the best choice. Often patient (and for me, family members) are struggling to make the decision. Pros and cons and risks associated with either decisions. (not just physical)</p>	No articles retrieved for this question	47 Patients and Care-givers, 4 Clinicians
48	DM2	<b>How involved are women in making a decision for their own breast reconstruction surgery and choosing a surgeon?</b>	<p>Engaging and recognizing that the patient is capable of making good decisions when given all of the information. The informed patient will highly likely choose the best options, techniques, timeframe and recover more positively.</p> <p>Do we have a choice as to what technique is done?</p> <p>What is the best way to educate patients on self-advocacy so that they can be more actively involved in selecting their surgery type?</p> <p>Whether or not I have a choice of the kind of reconstruction...</p>	No articles retrieved for this question	24 Patients and Care-givers, 3 Clinicians

49	DM3	<b>What is the best timing for women to have breast reconstruction? Immediate versus Delayed?</b>	<p>How soon after mastectomy should I have reconstruction. Or, how long can I wait after mastectomy to decide what kind of reconstruction is best for me</p> <p>Timing of reconstruction</p> <p>I had breast reconstruction immediately after my mastectomy. It was the best decision I made. I was afraid I would not feel like a woman and after the surgery I told my husband that it really wasn't that bad. Having reconstruction immediately is what I would recommend.</p> <p>How do you decide when...?</p>	<p>Breast reconstruction following prophylactic or therapeutic mastectomy for breast cancer. Alberta Health Services - Cancer Care</p> <p>Early and locally advanced breast cancer: diagnosis and management Evidence-based recommendations on diagnosing and managing early and locally advanced breast cancer</p> <p>Breast cancer reconstruction surgery (immediate and delayed) across Ontario: patient indications and appropriate surgical options. Cancer Care Ontario's Program in Evidence-based Care</p>	46 Patients and Care-givers, 17 Clinicians
50	DM4	<b>When should a discussion with a plastic surgeon about reconstruction options happen after diagnosis?</b>	<p>Since I have several ladies who have had problems after breast reconstruction. Ideally, it is best wait at least a year before making an informed decision.</p> <p>I wish I knew there was the possibility of having my double mastectomy AND reconstruction all done at the same time if I had gone to (Name of the facility deleted) rather than a local general surgeon.....Oncologists and plastic surgeons disagree about how long after treatment a woman should wait for reconstruction. My oncologist wanted me to wait 2 years. My plastic surgeon said 6 months after radiation was perfectly acceptable.</p> <p>I find it difficult to have the right time for reconstruction. Many steps seem necessary to know, depending on our condition. I also think that we talk about reconstruction before the mastectomy, but we are not told about the other choices available to us.</p>	No articles retrieved for this question	3 Patients and Care-givers, 0 Clinicians
51	DM5	<b>What factors lead (or impede) women to choose to have or not to have breast reconstruction?</b>	<p>What compels women NOT to have reconstruction and to HAVE reconstruction</p> <p>I am a cancer survivor who had a mastectomy. I was not at all interested in having a reconstruction, and no information I received changed my mind about this. Nothing would have influenced it- I did not want to have any further intervention that could cause side effects, scarring, etc.</p> <p>I am living well without reconstruction, why should I have it?</p> <p>Women choosing to remain flat should also have a plastic surgeon present in their surgery to ensure the best aesthetic results. Just because women choose to be flat does not mean that don't want an aesthetically pleasing result.</p>	Breast cancer reconstruction surgery (immediate and delayed) across Ontario: patient indications and appropriate surgical options. Cancer Care Ontario's Program in Evidence-based Care Published on: 2016-01	70 Patients and Care-givers, 1 Clinician
52	DM6	<b>How is the method, type or technique for breast reconstruction surgery decided on?</b>	<p>How do you decide....which method?</p> <p>How they pick the size of the implant</p> <p>How is a medical decision reached to determine the most effective surgery for circumstances?</p>	No articles retrieved for this question	3 Patients and Care-givers, 2 Clinicians
53	DM7	<b>Who (specialist) is better equipped at making decisions on best surgical options for reconstruction?</b>	<p>I wish someone choosing a flat surgery got to go with a plastic surgeon so they too could end up with an aesthetically pleasing result.</p> <p>Why don't they tell you that the plastic surgeon will decide what technique you have done?</p> <p>Doc needs to give you the options, and lead you to your best option</p>	No articles retrieved for this question	7 Patients and Care-givers, 2 Clinicians
54	DM8	<b>What is the short and long term satisfaction of women after undergoing breast reconstruction surgery?</b>	<p>Understand why some who have chosen reconstruction have regrets</p> <p>For my part, it's a comment since I had a reconstruction. My deadline for my reconstruction was very short since I replaced a lady who was sick and it is my name that came out for a reconstruction. A short time is not always a good idea because I did not have time to think carefully about my choice of surgery. Did I make the right choice? I still ask myself that question.</p> <p>I chose to have the tram flap a year after I had my mastectomy. I was happy with my choice.</p>	No articles retrieved for this question	20 Patients and Care-givers, 1 Clinician
55	DM9	<b>What are some of the difficult decisions that breast reconstruction candidates have to make?</b>	<p>One of the decisions I had difficulty making was regarding whether or not to have nipple sparing mastectomy.</p> <p>It would be nice to have it done all at once, but those are difficult decisions to make. Deciding to have a second surgery or many fill-ups for implants are huge deterrents. Speaking to a nurse practitioner before initial surgery might help??</p>	No articles retrieved for this question	2 Patients

56	I1	<b>What are the overall success, failure and satisfaction rates of breast reconstruction surgery?</b>	<p>What is the overall satisfaction of breast reconstruction in Canada (nationally and regionally)?</p> <p>Which technique has highest success rate, highest satisfaction rate, lowest complication rate?</p> <p>What are success rates for each option?</p> <p>How much are patients satisfied with the results of their surgery after different intervals of time - ie, six months, one year, two years, five years?.....</p>	<p>Early and locally advanced breast cancer: diagnosis and management. Evidence-based recommendations on diagnosing and managing early and locally advanced breast cancer.</p>	26 Patients and Care-givers, 12 Clinicians
57	I2	<b>What are the factors (e.g. age, body type and smoking status) that impact the success of breast reconstruction surgery?</b>	<p>It is hard for me to lose weight to meet the requirement for the reconstruction.</p> <p>I am 69 years old. Is this too late.</p> <p>What's the upper limit for BMI? Are smokers candidates and if so, when?</p> <p>Regarding recovery, I was in good physical shape and very active before, during and after my treatment - that was a big help in my recovery.</p>	<p>Early and locally advanced breast cancer: diagnosis and management. Evidence-based recommendations on diagnosing and managing early and locally advanced breast cancer.</p> <p>Breast cancer reconstruction surgery (immediate and delayed) across Ontario: patient indications and appropriate surgical options. Cancer Care Ontario's Program in Evidence-based Care</p>	20 Patients and Care-givers, 11 Clinicians
58	I3	<b>What is the percent and subsequent options for women that regret having breast reconstruction?</b>	<p>% of women who choose reconstruction who a) regret it subsequently</p> <p>What happens if I'm not happy with results? What are my options?</p>	No articles retrieved for this question	2 Patients
59	I4	<b>What is the percentage for complications related to breast reconstruction?</b>	<p>Risks % of infection or other complications.</p> <p>% of women who choose breast reconstruction have complications related to reconstruction</p> <p>Percentages - of complications, in case of prophylactic surgery odds of ever developing cancer with / without the surgery, etc.</p> <p>I want statistics. Number of diep flaps that need additional surgery, number of diep flaps that die. Risks of implants: leaking, recalled, rejection</p>	No articles retrieved for this question	4 Patients and Care-givers, 1 Clinician
60	I5	<b>What is the current information on diet, caffeine and new bras after breast reconstruction surgery?</b>	<p>One issue I like to add is that Diep surgery requires patient preparation also such as diet advise (high protein), certain exercises to make it easier to get in/out of bed after Diep surgery etc</p> <p>I'm thankful that I worked on my abs and back a bit before surgery, but some advice on diet after, considering much lowered levels of activity would have been nice. There is also conflicting information on the intake of caffeine, about new bras and other things that would have been nice to have information on.</p>	No articles retrieved for this question	2 Patients
61	I6	<b>What is the current statistics about breast cancer recurrence after breast reconstruction?</b>	Current statistics of recurrence.	No articles retrieved for this question	1 Patient
62	I7	<b>Is it recommended for women to wait to have breast reconstruction surgery after having children?</b>	Would you recommend waiting until post children to get the sx?	No articles retrieved for this question	Not specified
63	I8	<b>What is the percentage of women choosing different reconstruction surgeries?</b>	Stats on percentage that choose which would be nice	No articles retrieved for this question	1 Patient
64	RA1	<b>What challenges does radiotherapy cause for women having breast reconstruction and how does this limit treatment options?</b>	<p>Will radiation interfere with my reconstruction.</p> <p>Interesting when you have received radiation your options are limited greatly. I did not have radiation so my options were not limited.</p> <p>It would be nice to have more upfront information on how long everything takes with 2 stage reconstruction when radiation is involved</p> <p>Can you radiate after breast reconstruction.</p> <p>Is it true that radiation means I cannot have expanders? How much riskier is DIEP?</p>	<p>Early and locally advanced breast cancer: diagnosis and management. Evidence-based recommendations on diagnosing and managing early and locally advanced breast cancer.</p> <p>Breast cancer reconstruction surgery (immediate and delayed) across Ontario: patient indications and appropriate surgical options. Cancer Care Ontario's Program in Evidence-based Care</p>	34 Patients and Care-givers, 9 Clinicians

65	RA2	<b>What challenges does chemotherapy cause for women having breast reconstruction?</b>	<p>What factors effect having reconstruction like masking recurrence or while ongoing chemo/ radiation?</p> <p>Talk to your doctor or surgeon if you have received chemo and / or radiation treatments. Very important because the skin is changed.</p> <p>In my case it is a family member considering reconstruction. After having a mastectomy and both chemo and radiation treatment it seems a difficult decision to undergo further surgery which also sees to necessitate a lengthy recovery and possible resulting complications and deterioration over the long term.</p> <p>after chemo ends, the mastectomy area will get a chance to finish healing and nerves will start to grow back. This will cause a lot of weird pains and inaccessible itches that could be incorrectly blamed on a problem with the reconstruction, or cancer recurrence</p>	Breast cancer reconstruction surgery (immediate and delayed) across Ontario: patient indications and appropriate surgical options. Cancer Care Ontario's Program in Evidence-based Care	3 Patients and Care-givers, 2 Other
66	RA3	<b>When is the optimal time to have breast reconstruction in the setting of radiotherapy?</b>	<p>I am not sure I understand this question in the context of being a plastic surgeon. The question of if/when to do reconstruction in the setting of radiotherapy continues to be one that needs examination.</p> <p>How long do you have to wait after radiation for reconstruction surgery to get good outcomes.</p> <p>Would like to know more about length of time surgery is delayed after radiation</p>	<p>Early and locally advanced breast cancer: diagnosis and management. Evidence-based recommendations on diagnosing and managing early and locally advanced breast cancer.</p> <p>Breast cancer reconstruction surgery (immediate and delayed) across Ontario: patient indications and appropriate surgical options. Cancer Care Ontario's Program in Evidence-based Care</p>	4 Patients and Care-givers, 1 Clinician
67	RA4	<b>When is the optimal time to have breast reconstruction in the setting of chemotherapy?</b>	<p>If I have reconstruction after chemo and/or radiation, how long must I be past those procedures to have surgery?...</p> <p>My oncologist wanted me to wait 2 years. My plastic surgeon did the procedure 6 months after radiation. Why would I have to wait? Both breasts off, margins clear, lymph nodes out on one side, 8 rounds chemo, 5 weeks radiation. What difference does it make to wait? My mental/emotional health was a factor so we all decided no waiting was the right choice for me.</p>	Breast cancer reconstruction surgery (immediate and delayed) across Ontario: patient indications and appropriate surgical options. Cancer Care Ontario's Program in Evidence-based Care	2 Patients
68	TR1	<b>How to determine the most suitable breast reconstruction surgery for each individual patient taking into consideration pros and cons of each procedure and patient's unique medical history and personal values?</b>	<p>Important to take time to review different techniques and outcomes of each.</p> <p>Knowing exactly what options are a possibility in my particular case, so that I could prepare necessary questions</p> <p>What different types of reconstruction are done and what are the pros and cons of all.</p> <p>I do not understand the pros and cons between implants and flap reconstruction and what would make you a good candidate for each.</p>	<p>Breast reconstruction following prophylactic or therapeutic mastectomy for breast cancer. Alberta Health Services - Cancer Care</p> <p>Early and locally advanced breast cancer: diagnosis and management. Evidence-based recommendations on diagnosing and managing early and locally advanced breast cancer.</p> <p>Breast cancer reconstruction surgery (immediate and delayed) across Ontario: patient indications and appropriate surgical options. Cancer Care Ontario's Program in Evidence-based Care</p>	156 Patients and Care-givers, 67 Clinicians
69	TR2	<b>What is the evidence behind new (and existing) breast reconstruction techniques?</b>	<p>How does autologous surgery impact other body functions (e.g. removal of muscle from belly, shoulder, etc.)....</p> <p>I wish someone would have told me about the different reconstructions that could be done. I also had a lift on the opposite breast and was not told that I would lose feeling there as well</p> <p>What are new methods of reconstruction that are minimally invasive (just filling the areas with new materials without major surgery)?</p> <p>Yes, the techniques evolve very quickly and we do not know much about what is happening behind the scenes. In my case, the technique has completely changed between two of my surgeries. I was operated on too many occasions.</p>	No articles retrieved for this question	29 Patients and Care-givers, 9 Clinicians
70	TR3	<b>Where can a patient obtain accurate and reliable information on tissue expanders about breast reconstruction surgery?</b>	<p>I did not understand the expanders concept.</p> <p>I am still waiting. I only have tissue expanders at the moment. I wish I had known that I could salvage the skin so that I don't have to spend 6 months expanding, only to have to wait another 6 months before I actually get the surgery</p> <p>More detailed information about just how uncomfortable and painful living with a tissue expander for months/year really is.</p>	No articles retrieved for this question	9 Patients and Care-givers, 1 Clinician
71	TR4	<b>What are the pros and cons of nipple sparing surgery vs. non- nipple-sparing surgery and nipple reconstruction at a later stage?</b>	<p>If I have nipples tattooed on and then need a revision at a later date going to make things more difficult?</p> <p>Nipple reconstruction vs nipple sparing surgery</p> <p>...and will I always lose my nipple. And if I keep my nipple will I have feeling in it.</p> <p>Current role of nipple preservation with regard to immediate reconstruction, and with regard to different tumour types/histology.</p>	<p>Nipple- and areola-sparing mastectomy for the treatment of breast cancer. Mota, Bruna S. Riera, Rachel Ricci, Desiderio Marcos. Barrett, Jessica. de Castria, Tiago B. Atallah, Alvaro N. Bevilacqua, Luiz Jose.</p> <p>Breast cancer reconstruction surgery (immediate and delayed) across Ontario: patient indications and appropriate surgical options. Cancer Care Ontario's Program in Evidence-based Care</p>	29 Patients and Care-givers, 9 Clinicians

72	TR5	<b>What is the evidence and safety behind fat grafting for breast reconstruction?</b>	<p>Is it safe to do fat grafting? Can fat grafting encourage the growth of cancer cells because of putting tissue back into the breast area?</p> <p>Is it ok to just have liposuction (tummy) and inject the fat removed to the breast site without resorting to a flap?</p> <p>the availability of microfat injection should the need present</p> <p>Less intrusive surgical Alternatives to reconstruction such as scar appearance improvement and fat injection to decrease concavity in the mastectomy region</p>	<p>Autologous skin grafting for breast reconstruction: what is the safety concerns of for autologous skin grafting for women that have operable primary breast cancer</p> <p>Breast reconstruction using lipomodelling after breast cancer treatment. Evidence-based recommendations on breast reconstruction using lipomodelling after breast cancer treatment.</p> <p>Laparoscopic mobilisation of the greater omentum for breast reconstruction. Evidence-based recommendations on laparoscopic mobilisation of the greater omentum (keyhole surgery) for breast</p> <p>Breast reconstruction following prophylactic or therapeutic mastectomy for breast cancer. Alberta Health Services - Cancer Care</p> <p>Breast cancer reconstruction surgery (immediate and delayed) across Ontario: patient indications and appropriate surgical options. Cancer Care Ontario's Program in Evidence-based Care</p>	8 Patients and Care-givers, 1 Clinician
73	TR6	<b>Is it safer to operate on one or both breasts?</b>	<p>Can I take the other breast off if there is no cancer detected?</p> <p>Is it safer with less chance of complications if one side at a time reconstructed? Always felt that doing bilateral latissimus dorsi flaps were always fraught with breaks in sterile technique.</p> <p>If a second breast mastectomy was needed on opposite breast would there be enough donor tissue left to do that breast as well</p> <p>How much skin do they take out</p>	<p>Skin-sparing mastectomy for the treatment of breast cancer Salani, Bruna. Barrett, Jessica. Ricci, Desiderio Marcos. Bevilacqua, Luiz Jose. Riera, Rachel. Cochrane Database of Systematic Reviews. 2, 2014</p>	7 Patients and Care-givers, 2 Clinicians
74	TR7	<b>What is the evidence behind the procedures available to match the reconstructed breast to the native breast and who is a suitable candidate for these balancing procedures?</b>	<p>Would like best option relative to closet appearance to natural breast.</p> <p>How well can breasts be "matched" ?...</p> <p>Will it look like the other side?</p> <p>Yes, I would like to know if it is possible to remake the other breast that has not been treated so that they are proportional</p>	<p>No articles retrieved for this question</p>	16 Patients and Care-givers, 3 Clinicians
75	TR8	<b>What are the pros and cons of an external prosthesis versus breast reconstruction?</b>	<p>It's a frightening proposition but wearing a prosthesis is a pain. I've never gotten the silicone prosthesis because I hated the thought of something hot and heavy against my body all the time. I have used the soft ones and pinned them into ordinary bras for 18 years. The only problem is that it rides up. And - I was a lifeguard as a kid and still love to swim. That is also difficult to find a bathing suit that still makes you feel like you look nice. I appreciate what you are doing here, and wish you luck finding solutions for women. It's a real conundrum and I know Canadians are much less likely to have reconstruction than Americans are. Thank you.</p> <p>Look of prosthetics as opposed to reconstruction.</p> <p>That women should be better informed beforehand of the option to not do reconstruction and some of the good options available as far as prosthesis go and how this affects short term and long term quality of life (women not being happy with reconstruction results, needing multiple surgeries to achieve satisfaction which also means much more time not being well (in recovery). Some younger women may feel it is assumed of them that they will want reconstruction and are led in this direction.</p>	<p>Acellular dermal matrices for breast reconstruction surgery. Rolph, Rachel. Duffy, MN James. Mehta, Saahil N. TanKoay, Grace Ava. Farhadi, Jian. Cochrane Database of Systematic Reviews. 12, 2015.</p>	6 Patients and Care-givers, 3 Clinicians
76	TR9	<b>What is appropriate time length to have between mastectomy and breast reconstruction and how does radiation affect the ideal timing?</b>	<p>How long do patient's have to wait after mastectomy before having reconstruction?...</p> <p>How long do you have to wait to have reconstructive surgery following mastectomy</p> <p>I think it is a little late for me. My mastectomy was 2003.</p> <p>How long do we have to wait before being a candidate for reconstruction?....</p>	<p>No articles retrieved for this question</p>	8 Patients and Care-givers, 8 Clinicians

77	TR10	<b>In a patient with breast cancer, what are the pros and cons of having mastectomy with immediate breast reconstruction?</b>	<p>What are the risks and rewards to having it at the time of mastectomy vs. delaying till after treatment.</p> <p>Can the reconstruction be done @ the time of breast/tissue removal?....</p> <p>Is it better to start reconstruction at the same time of mastectomy or wait?</p> <p>Is it important to wait for a couple of years before reconstruction surgery as to avoid return of breast cancer?</p>	<p>Immediate versus delayed reconstruction following surgery for breast cancer. D'Souza, Nigel. Darmanin, Geraldine. Fedorowicz, Zbys. Cochrane Database of Systematic Reviews. 9, 2011</p> <p>Early and locally advanced breast cancer: diagnosis and management. Evidence-based recommendations on diagnosing and managing early and locally advanced breast cancer.</p> <p>Breast cancer reconstruction surgery (immediate and delayed) across Ontario: patient indications and appropriate surgical options. Cancer Care Ontario's Program in Evidence-based Care Published on: 2016-01.</p>	19 Patients and Care-givers, 10 Clinicians
78	TR11	<b>How does breast reconstruction surgery impact cancer detection, tests or any other treatments?</b>	<p>Impact on screening for local recurrence for high risk disease</p> <p>How do I monitor my long-term reconstructed breast health? What are the chances of recurrence after mastectomy and how can we monitor for that? Are family doctors trained to examine reconstructed breasts?....</p> <p>what is the impact of the reconstruction to the management of the cancer itself?</p> <p>Does reconstruction alter the effectiveness of future screening/testing? For eg mammograms?</p>	<p>Early breast cancer (preventing recurrence and improving survival): adjuvant bisphosphonates: Summary of the evidence on adjuvant bisphosphonates for preventing recurrence or improving survival in people with early breast cancer.</p> <p>Breast reconstruction following prophylactic or therapeutic mastectomy for breast cancer. Alberta Health Services - Cancer Care</p> <p>Breast cancer reconstruction surgery (immediate and delayed) across Ontario: patient indications and appropriate surgical options. Cancer Care Ontario's Program in Evidence-based Care</p>	42 Patients and Care-givers, 12 Clinicians
79	TR12	<b>Why do surgery candidates choose or undergo immediate or delayed reconstruction surgery? What are the differences between these?</b>	<p>Although I planned to have immediate reconstruction with my mastectomy surgery, technical issues on the day of surgery led to my reconstruction surgery being cancelled. I had delayed reconstruction.</p> <p>What are the pros and cons of having immediate breast reconstruction vs waiting until post treatments?</p> <p>Delayed breast reconstruction is most common, if the question is immediate reconstruction at the time of mastectomy, my questions would be concerning treatment options or limits with the immediate reconstruction.</p> <p>What are the risks and benefits of immediate vs delayed reconstruction?....</p>	No articles retrieved for this question	19 Patients and Care-givers, 7 Clinicians
80	TR13	<b>Are there ways to improve sensation or reconnect blood supply in the reconstructed breast?</b>	<p>Will I ever have any feeling in that breast and how long will that take if so</p> <p>Will I have sensation in my reconstructed breast?</p> <p>Will I lose complete sensation in my breasts?</p> <p>Are there techniques that can improve feeling in the reconstructed breast, or at least in the remaining skin from the removal?....</p>	No articles retrieved for this question	9 Patients and Care-givers, 1 Clinician
81	TR14	<b>How should a patient prepare pre-mastectomy to have good post BRS outcomes?</b>	<p>Is there anything I can do, ahead of surgery, to prepare my body for reconstruction? Is having cupping done on my scars a good idea to loosen them up before surgery?</p> <p>We had a double mastectomy wish I had asked "Is there anything you do different at time of surgery to make reconstruction easier later?" ....</p> <p>I am on chronic aspirin. Is it better to stop prior surgery?</p>	Breast reconstruction following prophylactic or therapeutic mastectomy for breast cancer. Alberta Health Services - Cancer Care	1 Patient, 3 Clinicians
82	TR15	<b>What clinic or hospital setting ensures best outcomes for breast reconstruction for patients?</b>	<p>Can this procedure be done in a clinic setting which may decrease wait times compared to OR time?</p> <p>How do I research facilities that combine both procedures?....</p> <p>Clinic type (private, free-standing, publically funded, etc.)</p>	No articles retrieved for this question	2 Patients and Care-givers, 2 Clinicians
83	TR16	<b>Can breast reconstruction surgery be done without general anesthesia?</b>	<p>Can it be done without general anaesthetic?</p> <p>Understand the risks of general anaesthesia and cancer diagnosis, is more surgery really what you want?</p> <p>How long are you under anesthesia for each procedure? What are the risks?</p>	No articles retrieved for this question	2 Patients and Care-givers, 1 not listed

			<p>If the reconstruction did not work the first time, due to infection on both sides, is it likely it will not work on a second try?</p> <p>By the time my doctor returned and I saw her she said we could try a skin graft from my thigh. So that is what we did later in January. However that was not successful either. It did not take. She explained my options after that as removing existing tissue and having nothing there or having a redo. I chose the redo. So she did the latissimus dorsi surgery on Valentine's Day. Luckily that was a success. However it was a very long haul to go through. I did end up going back later to have the nipple made. It was a different dr that time. However when it came time for the tattoo I decided to stop there and not go any further. I was happy with the final result.</p>		
84	TR17	<b>What is the role of complications on future reoperations on the breast?</b>	<p>What happens if the procedure fails (lack of blood supply to flap etc)?...</p> <p>When is the best time to do it during child-bearing years?</p>	No articles retrieved for this question	2 Patients and Care-givers, 1 Other
85	TR18	<b>When can women have breast reconstruction in their child bearing years and can they still breastfeed after surgery</b>	<p>What the procedure involves effective s long term effects emotional stability questioning about childbirth breast feeding Meeting similar people with the same experiences who have through the procedure</p> <p>Can you breastfeed afterwards?</p>	No articles retrieved for this question	1 Patients, 2 Clinicians, 2 Other
86	TR19	<b>What types of materials are used for BRS?</b>	<p>Information about materials used</p> <p>Where does new "breast" material come from.?</p> <p>I don't think I really had a choice as to which brand or which type I could use. I assume that my surgeon works with only one or two companies</p>	No articles retrieved for this question	2 Patients, 2 Other