

Nevada Compare Care



Total Mastectomy

A Comparison of Hospitals and Trends in Nevada

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NevadaCompareCare.Net is one piece of the health information transparency effort in Nevada.

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At a Glance

There were 226 Total Mastectomies in 2010. Of these, 79% of the women were Caucasian, 6.2% were Hispanic, 4.4% were African-American, and the rest of the total comprised 10.2% (Asian, Unknown, and Other).

Between calendar years 2000 to 2008, the number of Total Mastectomies rose in 2001 and then declined in 2002 to 2003 and remained stable from 2004 to 2008. Data between 2008 and 2010 shows a downward trend in Total Mastectomy procedures.

The average length of stay in the hospital for Total Mastectomies in 2010 was 2.21 days. In calendar year 2000, the average length of stay was 2.11 days. The average length of stay from 2000 to 2010 has increased by about 5%.

100% of women were discharged alive in 2010.



Total Mastectomy

In calendar year 2006 the [National Cancer Institute](#) stated that approximately one in eight women in the United States was expected to be diagnosed with breast cancer in her lifetime. Although cancer incident rates are high, the institute notes that there has been a decline in breast cancer death rates since 1990. This decline is attributed to greater awareness and early detection (DeNoon, 2008; Nano & Marchione, 2009). *For more information on early detection, please visit the Nevada [Health Division](#) website.*

Race and advanced age are risk factors for breast cancer, as are lifestyle choices such as smoking, alcohol consumption and diet. For unknown reasons, there is an increased risk of dying from breast cancer among African-American women due to higher rates of more aggressive tumors (Society, 2009b).

There are two types of breast cancer; invasive and in situ - meaning noninvasive. Cancer is defined as invasive if it has spread beyond the lobules and ducts of the breast into the fatty and connective tissue. This type of cancer is more serious because it has the potential to spread into the lymph nodes and throughout the body. Cancer is defined as

noninvasive if it has not spread beyond the lobules and ducts of the breast (HS, 2006). There have been many advances in breast cancer treatments. These treatments range from minimally invasive procedures such as lumpectomies to total mastectomies (Plus, 2008). This report will focus mainly on the latter.

A total mastectomy is a surgical procedure to remove breast tissue, at times, [including the nipple](#). This procedure is typically performed to remove a cancerous growth, but can also be used as a preventative measure. Some women with a [family history](#) of breast cancer choose this course of action. There are a few factors that influence the decision to have a total mastectomy. These factors are tumor size, stage of cancer, and infiltration of the lymph nodes (Plus, 2008). A mastectomy can radically alter a woman's figure and self-esteem and is therefore often followed by reconstructive surgery (Society, 2009a).

There is a rising trend of women choosing total mastectomy over a lumpectomy or partial mastectomy (Balch & Jacobs, 2009). In the past, women were almost solely dependent on the advice of their physician. Today, information on the various options is readily available. Women are better informed and more proactive seeking and discussing alternative treatments with their healthcare providers. Cancer centers are assisting breast cancer patients in the decision making process by providing up-to-date information about probabilistic survival rates for various treatment options, while also providing a holistic approach to cancer treatment. This holistic approach includes medical and pharmaceutical treatment plans, as well as contacts to advocacy groups for physical therapy and emotional support (Balch & Jacobs, 2009).

BREAKING NEWS

For decades, the National Cancer Institute has recommended that all women over the age of 40 receive a mammogram every 1-2 years. On November 16, 2009, the Center for Disease Control (CDC) made a public announcement recommending that women wait until the age of 50 before receiving regular mammograms. In addition to this, the CDC task force stated that self breast exams are useless. This declaration conflicts with the position of the American Cancer Society, and has created much debate and discussion (Nano & Marchione, 2009).

The average number of mastectomies per year between 2000 and 2010 was 326, (3585/11). Except

for a spike in 2001, there has been a slight downward trend in mastectomy procedures (Figure 1).

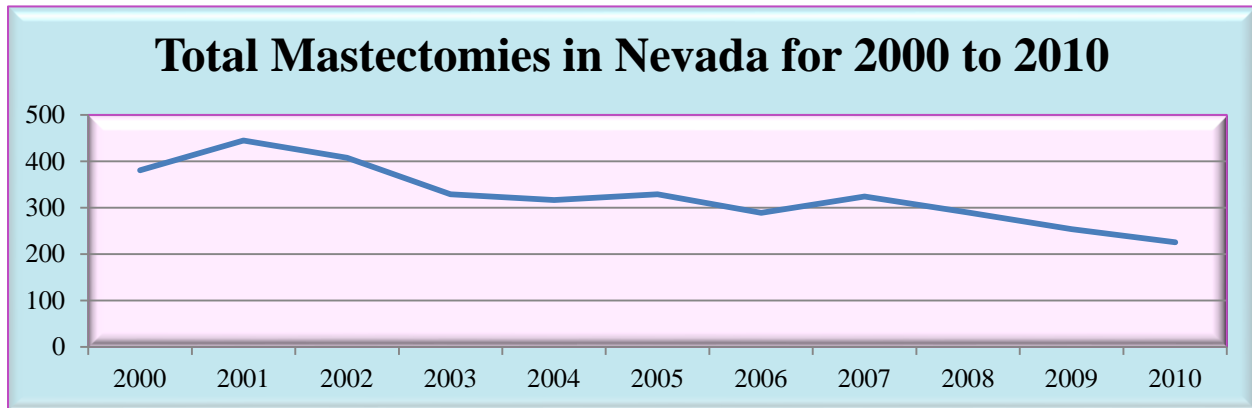


Figure 1. Total Mastectomies performed in Nevada from 2000 to 2010 is 3,585.

The majority of women who had total mastectomies in 2010 were Caucasian (179 out of 226). African-American women were a distant second with 10. The ratio of total mastectomies for Caucasian women, compared to all other race categories combined, is almost 4:1 (3.81). Although 79% of the procedures are performed on Caucasian woman, this is not to say that, if you are a white female, you are three times as likely to have a total mastectomy as a non-white female. According to the [Census Bureau](#), the percentage of Caucasian women

in Nevada was ~80%. All other races comprise the remaining ~20%. This is a ratio of 4:1. Because 21% of the mastectomies were performed on women of other races, we can therefore conclude that Caucasian women are having total mastectomies at a lower rate, and not higher. The Center for Health Information Analysis did not collect data on race prior to 2008. Therefore, the numbers displayed below cannot be construed as typical or considered as being consistent with long-term trends (Figure 2).

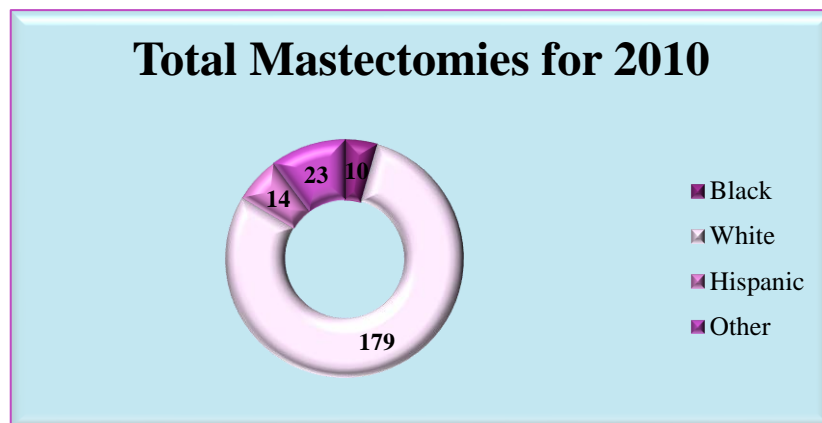


Figure 2. Count of total mastectomies by race for calendar 2010

The chart below displays the proportion of total mastectomies by age group. Regardless of year, the number of mastectomies greatly increases as women

age. This is consistent with the findings of the American Cancer Society (Figure 3).

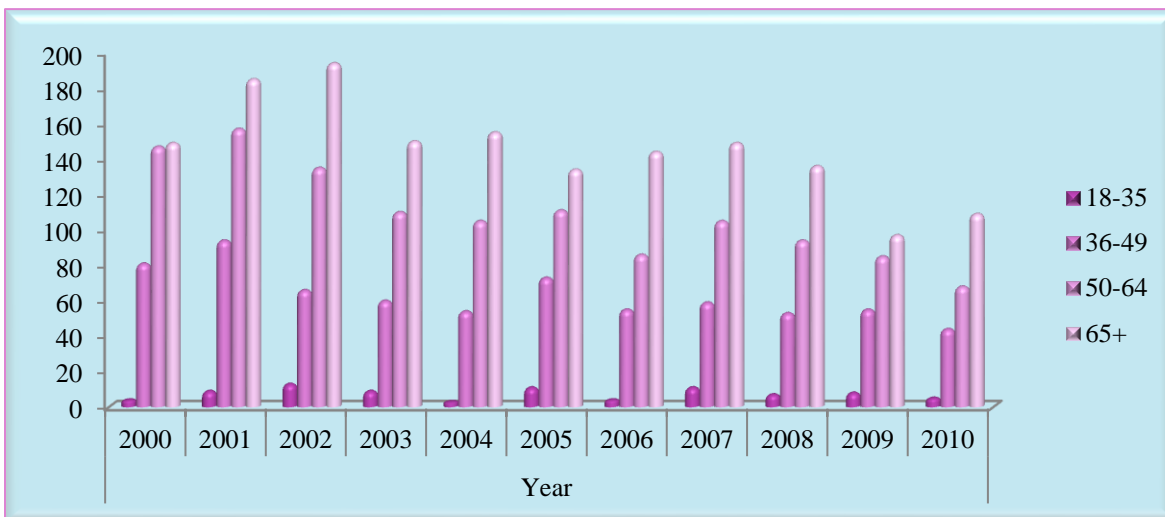


Figure 3. Count and proportion of total mastectomies by year and age group

From calendar year 2000 to 2010, there was a noticeable drop in average length of hospital stay after a total mastectomy for age groups 18-35 and 36-49. The 50-64 Age Group for 2010 is the only category

with an increased average length of stay from the year 2000. The rows for age group 18-35 are bolded as outliers. They do not represent the data as a whole (Table 1.1 and 1.2).

Average Length of stay by age group for 2000 (Table 1.1)		
Age Group	Average Length of Stay	Number of Total Mastectomies by age group
18-35	3 days	4
36-49	2.07 days	81
50-64	2.06 days	147
65+	2.17 days	149

Average Length of stay by age group for 2010 (Table 1.2)		
Age Group	Average Length of Stay	Number of Total Mastectomies by age group
18-35	1.2 days	5
36-49	1.89 days	44
50-64	2.82 days	68
65+	2 days	109

For all eleven years of data examined, the majority of women were discharged to home after undergoing a Total Mastectomy. The “Other” category

consists of patients being transferred to Skilled Nursing Facilities or other types of healthcare facilities (Figure 4).



Figure 4. Discharge status by percent and year

Conclusion

Although there is not a cure for breast cancer, there have been many advances in early detection and treatment options. These advances, coupled with empowering women through education, offer hope. According to a recent article from AARP, the five-year survival rate has increased from 75% in 1975 to 89% today (Institute, 2010). Much of the success for the increase in survival rates can be attributed to

technology's ability to detect small tumors through ultrasound and MRI's. Also, multi-discipline research has helped create better treatment options. The medical profession has come a long way in understanding that beating cancer is a team effort comprised of oncologists, radiologists, and plastic surgeons (Tan, 2002).



Mastectomies by Hospital – Volume for Calendar 2010

List of Hospitals where total mastectomies were carried out in 2010	Diagnoses Related Group		
	582 - Mastectomy for malignancy w CC/MCC	583 - Mastectomy for malignancy w/o CC/MCC	2008 Totals Count
Hospital Name			
Churchill Community Hospital	1	4	5
Desert Springs Hospital	1	6	7
Desert View Regional Medical Center		1	1
Mesa View Regional Hospital	1		1
Mountain View Hospital	11	5	16
North Vista Hospital	2	1	3
Northeastern Nevada Regional Hospital	1	2	3
Northern Nevada Medical Center	1		1
Renown Regional Medical Center	7	25	32
Renown South Meadows Medical Center		1	1
Saint Mary's Regional Medical Center	9	17	26
Saint Rose Dominican Hospitals Rose de Lima Campus	2	3	5
Saint Rose Dominican Hospitals Siena Campus	1	3	4
Southern Hills Hospital & Medical Center	2		2
Spring Valley Hospital Medical Center	13	26	39
Summerlin Hospital Medical Center	1	10	11
Sunrise Hospital & Medical Center	12	20	32
University Medical Center of Southern Nevada	3	9	12
Valley Hospital Medical Center	10	15	25
Grand Total	78	148	226

Mastectomies by Patient County – Volume for Calendar 2010

Total Mastectomies by County for 2010	Count
Carson City	2
Churchill	3
Clark	146
Douglas	2
Elko	4
Humboldt	3
Lyon	2
Mineral	2
Nye	9
Out of State	5
Pershing	1
Washoe	47
Grand Total	226

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