



Many, but not all, women who have mastectomy to treat breast cancer go on to have one or both breasts reconstructed. In fact a study published by the Agency for Healthcare Research and Quality in October 2017 found that rates of breast reconstruction rose 62% from 2009 to 2014.

Asking yourself some questions can help you start to think about what type of reconstruction you want -- if you want reconstruction at all:

- How important is rebuilding your breast to you?
- Can you live with a breast form that you take off and put on?
- Will breast reconstruction help you to feel whole again?
- Are you OK with having more surgery for breast reconstruction after mastectomy or lumpectomy?

Insurance coverage and financial concerns can be a barrier to breast reconstruction. Breast reconstruction procedures should be covered by your health insurance plan, whether they are done right away, soon after mastectomy/lumpectomy, or many years later. This includes procedures that may be needed over time to refine the reconstructed breast and/or to create symmetry (balance) between the two breasts.

The Women's Health and Cancer Rights Act of 1998 requires all group health plans that pay for mastectomy to also cover prostheses and reconstructive procedures. In addition, Medicare covers breast reconstruction, while Medicaid coverage can vary from state to state. Government- and church-sponsored plans are not necessarily required to cover reconstruction, so you may need to check with your plan administrator.

In spite of having resources to do so, studies suggest that minority women are less likely than white women to have immediate breast reconstruction after mastectomy, even when they live in the same area and have the same insurance as white women.

For a number of years, research has suggested that minority women were less likely than white women to have breast reconstruction. Many doctors believed this disparity was because minority women tended to live in areas with fewer plastic surgeons and had no insurance or insurance that wouldn't cover breast reconstruction. However, a study that looked at what happened when you controlled for both of those, showed the disparity exists on racial lines alone.

As they expected, the researchers found that overall, women with less access to plastic surgeons were less likely to have breast reconstruction. The type of insurance also affected the likelihood of having reconstruction:

- 60% of women with private insurance had immediate reconstruction
- 20% of women with public insurance had immediate reconstruction

The researchers further controlled for access to plastic surgeons by looking at immediate reconstruction rates among women by race for women who lived in the same areas.

Among women with private insurance who lived in areas with the highest numbers of plastic surgeons:

- 84% of white women had immediate reconstruction
- 65% of Hispanic women had immediate reconstruction
- 60% of black women had immediate reconstruction
- 58% of Asian, Pacific Islander, and Native American women had immediate reconstruction

For women who had public insurance, immediate reconstruction rates were lower and the disparity was still there:

- 34% of white women had immediate reconstruction
- 28% of Hispanic women had immediate reconstruction
- 24% of black women had immediate reconstruction
- 24% of Asian, Pacific Islander and Native American had immediate reconstruction

What these results indicate is that race alone is a predictor of who is most likely to undergo reconstruction, and that this racial disparity exists independent of geography or socioeconomic status.

Patient knowledge regarding breast reconstruction has also been identified as an access barrier.

However, of the investigated barriers patient knowledge is a **very modifiable factor**.

The data suggests that giving patients the opportunity to meet with a reconstructive surgeon to discuss reconstructive options and facilitating patient education about breast reconstruction are immediate steps that can be taken by physicians to minimize disparities.

Whatever your age, relationship status, sexual activity, or orientation, you can't predict how you will react to losing a breast. It's normal to feel anxious, uncertain, sad, and mournful about giving up a part of your body that was one of the hallmarks of becoming a woman: a significant part of your sexuality, what made you look good in clothes, how you might have fed your babies. No one can ever take that away from you. Moving forward, you now have the opportunity to determine what you want to have happen next. But first you must do some careful thinking and delving into your feelings in order to figure out what is best for you.

