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Purpose: Factors that contribute to increase the survival of the patients with chondrosarcoma helps in the proper management of patients. The 3-year survival rate for chondrosarcomas in general was 74.2%, but factors that may influence in this rate for chondrosarcomas in the upper extremities are still not-well known. This study identified the factors that influence survival of chondrosarcomas of the upper extremities.

Methods: We analyzed the demographics and tumor characteristics of patients diagnosed with chondrosarcoma of the upper extremities from 2004 to 2010 with a follow-up of 5 years by querying the National Cancer Database (NCDB). Overall survival (OS) at 5 years was compared using Kaplan-Meier method and Cox regression hazard model.

Results: A total of 616 patients with chondrosarcomas of the upper extremities met the inclusion criteria. From these patients, we found a 5-year OS of 89%, 71%, 50% and 19% for AJCC 7th stages I, II, III and IV (P <.001). Regarding the type of surgery, the 5-year OS for patients that did not have any surgery was 60%, whereas better survival was found in patients who underwent local excisional surgery with limb salvage (89%) compared to patients that had amputation of the limb (76%, P<.001). After adjusting the factors, we did not find an impact in the survival for local excisional surgery with limb salvage compared to the amputation of the limb. On the other hand, older age (HR, 1.07; CI, 1.03-1.09; P<.001) and stage III (HR, 11.88; CI, 1.74-81.20; P=.01) were negative prognostic factors for the survival.

Conclusion: Our study identified that age and stage were factors associated with poor survival outcomes in chondrosarcomas of the upper extremities. There are still patients undergoing amputation of the limb, even when no difference in survival was found between these two procedures.

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The Impact Of A Psychiatric Diagnosis On Patient-reported Satisfaction And Quality Of Life In Post-mastectomy Breast Reconstruction

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Background: A psychiatric diagnosis commonly affects patients with a cancer diagnosis and are understood to significantly impact quality of life (QOL). This study aims to demonstrate psychiatric diagnosis' impact and influence satisfaction and QOL following postmastectomy breast reconstruction (PMR).

Methods: Women who underwent either implant or autologous-based PMR and completed at least one BREAST-Q from 2009-2017 were included. Psychiatric diagnosis were categorized into 11 general categories based on DSM-IV criteria. Mean and median scores for satisfaction with breasts were cross-sectionally analyzed preoperatively and postoperatively at six months – three-years using non-parametric tests.

Results: Of 3268 included patients, 1860 (56.92%) had a psychiatric diagnosis. Fifty-two percent of patients had one psychiatric diagnosis, 28.98% had two psychiatric diagnosis, and 18.92% had three or more psychiatric diagnosis. Anxiety disorders were the most prevalent (n=1398[75.16%]), followed by mood disorders (n= 731[39.3%]). At each time-point, a patient with a psychiatric diagnosis were significantly less satisfied with their breasts compared to patients without psychiatric diagnosis. Satisfaction scores progressively decreased as the number of psychiatric diagnosis per patient increased. Patients with two psychiatric diagnosis were significantly less satisfied in the postop period compared to patients without a psychiatric diagnosis while patients with three or more psychiatric diagnosis were significantly less satisfied compared to patients without a psychiatric diagnosis and patients with one psychiatric diagnosis in the one to three-year postop period (all p<0.05). A psychiatric diagnosis were associated with lower physical-wellbeing of the chest scores preoperatively and postoperatively.

Conclusions: Psychiatric diagnosis have the potential to negatively impact breast satisfaction and physical wellbeing

in reconstructive patients. Such patients may benefit from directed psychiatry referrals to offer improved treatment for their psychiatric condition, which will potentially impact multiple aspects of the patients life and satisfaction with her cancer and reconstructive care.

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Estrogen-containing Hormonal Contraceptives May Prevent Additional Breast Hypertrophy In Adolescents With Macromastia

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Purpose: Hormonal contraceptives (HC) are commonly prescribed in adolescents for a myriad of health benefits. However, providers worry that HC use in adolescents with macromastia (breast hypertrophy) may exacerbate breast growth. This study explores the association between HC use, its formulation, and macromastia severity.

Methods: Symptomology and medication use were collected from both patients undergoing bilateral reduction mammoplasty and age-matched, female controls (12-21 years old). To account for differences in body habitus, degree of hypertrophy was calculated for each breast patient in which their total amount of breast tissue resected was divided by their body surface area.

Results: A total of 756 subjects were included, with a 1:1 ratio of macromastia to control subjects. Although more controls used HCs (65% vs 37%; $p<0.05$), macromastia subjects were more often prescribed estrogen-containing HCs (85% vs 58%; $p<0.05$). Macromastia patients prescribed estrogen-containing HCs experienced less hypertrophy than all other breast subjects ($p<0.05$, all). Furthermore, macromastia patients using progesterone-only HCs had greater breast pain and more severe hypertrophy ($p<0.05$, all).

Conclusions: Macromastia patients who took progesterone-only HC types had greater breast hypertrophy and more breast pain, while those on estrogen-containing HCs had less severe hypertrophy than those not on any HC.

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Additional research is needed regarding the effect of exogenous progesterone on breast hypertrophy, and providers are encouraged to consider estrogen-containing HCs for their adolescent patients with macromastia when indicated.

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Paradoxical 'Saving Face' Posture Masks A Desire For Improved Appearance In Children With Cleft Lip Deformity: Ramifications For Revisional Surgery

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Purpose: Facial differences associated with cleft lip are often stigmatizing and negatively impact quality of life. However, little is known regarding patients' responses to societal expectations of appearance, or how these responses may impact surgeon-patient communication. We hypothesized that children who want revision surgery may fail to communicate appearance-related concerns secondary to societal pressures to "save face," which is a sociologic phenomenon employed to minimize stigma.

Methods: Patients with cleft lips at least 8 years of age ($n=31$) were purposively sampled for semi-structured interviews. After verbatim transcription, first cycle coding proceeded with a semantic approach, which revealed patterns that warranted second cycle coding. We utilized an eclectic coding design to capture deeper meanings in thematic analysis. Additionally, survey data from a separate study were examined to evaluate participants' interest in improving appearance.

Results: Three major themes emerged, all of which reflected a desire to "save face" when interacting with society: 1) Cultural mantras, which included societal mottos that minimized the importance of appearance; 2) Toughening Up, wherein the participants downplayed the difficulty of having a cleft; and 3) Deflection, wherein the participants took pride in facial features unrelated to their clefts. Despite these