

RESEARCH PROGRESS ON BREAST RECONSTRUCTION IN PATIENTS WITH BREAST CANCER

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Abstract: Breast reconstruction after mastectomy for breast cancer patients plays an important role in improving the patient's quality of life. This article examines the cognition, attitude, and behavior of breast cancer patients regarding breast reconstruction. The current situation, influencing factors and improvement strategies are reviewed. Influencing factors include demographic factors (Age, place of residence, education level, occupation, marital status, family financial status, health insurance type, race/ethnicity), clinical factors (cancer stage, whether received radiation therapy, quality of life, type of mastectomy), patients lack knowledge about breast reconstruction knowledge (Weak awareness of breast reconstruction and insufficient preoperative education), the countermeasures mainly include standardizing and popularizing multi-level education on breast reconstruction, establishing a correct understanding of breast reconstruction among patients, and strengthening social Support and formulate relevant policies to promote breast reconstruction, aiming to promote the knowledge, belief and practice of breast reconstruction among breast cancer patients in China and provide a basis for research.

Keywords: Breast cancer; Breast reconstruction; Knowledge, Belief and action; Influencing factors; Care

1 CURRENT KNOWLEDGE, BELIEFS AND PRACTICES OF BREAST RECONSTRUCTION IN BREAST CANCER PATIENTS

The latest published data from the International Center for Research on Cancer shows that breast cancer is currently one of the most common malignant tumors in women, with approximately 10,000 cases diagnosed worldwide every year. 13 million new hair cream Adenocarcinoma cases are one of the important factors causing death in women [1, 2]. mastectomy Breast cancer is currently the main treatment method for breast cancer, and breasts are a symbol of femininity, self-esteem, and self- image for women. Once a patient is diagnosed with breast cancer, it means Faced with the threat of losing their breasts, mastectomy severely damages the patient's body image and Have a negative impact on patients' lives, emotions, and physical and mental health [3]. in medical model In the context of the gradual transition from " evidence-based medicine " to " value-based medicine ", the The quality of life has begun to receive attention. In recent years, the quality of life of breast cancer patients after mastectomy has Reconstruction has developed rapidly. Currently, commonly used reconstruction methods include prosthetic reconstruction, autologous Combined reconstruction with orthopedic surgery and autologous prosthesis. The reconstruction timing can be immediate reconstruction, delayed reconstruction and postpone-Rebuild instantly. Breast cancer patients who undergo mastectomy can Your body shape and size, your own health status, auxiliary treatment conditions, financial ability, preferences and other choices Suitable reconstruction method and timing [4]. Studies have shown [5, 6] that successful mastectomy Breast reconstruction patients experience significantly improved outcomes compared with patients who do not undergo reconstructive surgery patients' self-image and quality of life, improve patients' satisfaction with sexual life, and promote improve the patient's social and physical health. Many studies [7, 8] pointed out that post-mastectomy breast Breast reconstruction has no adverse impact on cancer recurrence or disease prognosis For cancer patients, breast reconstruction is an appropriate and safe option. breast cancer As the main decision-maker for breast reconstruction, patients' knowledge and attitude towards breast reconstruction are important factors. Key factors for patients to choose breast reconstruction [9]. This study will investigate breast cancer patients' breast This review summarizes the current status, influencing factors, and countermeasures of knowledge, belief, and practice of breast reconstruction, with the aim of improving breast cancer Reference for improving breast reconstruction rates in cancer patients.

Breast reconstruction after mastectomy 1895 year by Vincent proposed for the first time In recent years, reconstruction technology has developed rapidly, and with the improvement of patient survival rates after mastectomy, The result is that more and more people begin to pay attention to aesthetics and psychosocial development [10].

Currently, the Breast Reconstruction Awareness and Decision-Making Questionnaire, BREAS T-Q ask Volume, Breast Reconstruction Identity Questionnaire, and the researchers reviewed domestic and foreign literature, After evaluating the reliability and validity based on the cultural background of China and relevant breast reconstruction experts, A self-administered questionnaire was used to evaluate the knowledge, beliefs and practices of breast cancer patients about breast reconstruction. Although breast-conserving treatment has similar survival rates to surgical treatment, mastectomy alone remains the preferred method in the country. The first choice of treatment for patients with early-stage breast cancer outside the country, and the reconstruction rate after mastectomy is also very high. low, only up to 18% ~ 63% [11, 12]. Refuse to undergo breast reconstruction after mastectomy The main reasons are: (1) The patient considers himself " old "; (2) Don't want to do it twice surgery and worry about the risks of surgery; (3) The economic cost is high;

(4) Fear of cancer recurrence and belief that Health is more important than breast preservation. The most important reason to choose breast reconstruction is to start with Waking up intraoperatively with a desire for equal breast size and no breast scarring of Sleepy Disturb [13,14]. Chinese scholar Li Xing et al [15] used a self-designed cognition and attitude towards breast reconstruction. Questionnaire pair A survey on breast reconstruction cognition among 280 breast cancer patients after mastectomy. Currently, patients' average perceptions of the indications, complications, and impact of reconstruction on prognosis The level of knowledge is between not understanding or not knowing at all, Zhang Xin et al. [16] West China Hospital A survey of 139 breast cancer patients on their attitudes towards breast reconstruction showed that there was a willingness Only 10% of patients choose breast reconstruction 35.9%, where " Do it anyway " is selected of account 4.3%. The key factors in choosing breast reconstruction are, in order, " less invasive and "Do it ", " Do it if it's not expensive ". The main reasons for breast cancer patients who do not want reconstruction They are " can get used to it and use breast pads to correct it " and " fear of surgery ". Shanghai Cancer Center Year 1999 January — 2014 6 Months of breast cancer surgery 20551 A survey of patients who underwent mastectomy, breast-conserving therapy, and breast reconstruction showed that The proportions are respectively 81. 2%, 15.3% and 3.4% [17]. Gong Fengqiu et al [18] used milk Housing Reconstruction Identity Scale Survey on breast reconstruction acceptance among 600 breast cancer patients out, only 42.3% Breast cancer patients agree with postoperative breast reconstruction, and Li Xin et al [19] The survey results are similar, but still far lower than the recognition rate of breast cancer patients in developed countries abroad. and reconstruction rate. It may be that women in our country are relatively conservative in their thinking and are afraid of taking on the responsibility again. Surgical risks, lack of knowledge about breast reconstruction surgery, worry about domestic breast reconstruction This is due to the low level of surgical technology and the lack of publicity about breast reconstruction by domestic doctors. Lack of knowledge about breast reconstruction is a common problem faced by breast cancer patients, with most Lack of knowledge among cancer patients about breast reconstruction after mastectomy, especially breast reconstruction The significance, surgical cost, surgical risks and the impact of reconstruction on prognosis are only a few of patients have a positive attitude towards breast reconstruction, but the overall attitude is not positive enough, especially the negative attitude towards the necessity of breast reconstruction and the impact of reconstruction on the body or disease prognosis [15]. Miskiewicz [20] pointed out that the patient's knowledge of breast reconstruction is directly related to the patient's decision to breast reconstruction. This shows that breast cancer patients need to strengthen their correct understanding of breast reconstruction. In summary, the current knowledge, belief and practice of breast reconstruction among breast cancer patients at home and abroad is not optimistic. In order to further improve the postoperative quality of life of breast cancer patients, the importance of breast reconstruction should be actively publicized and patients' recognition rate of breast reconstruction should be increased., hospitals should strengthen the awareness of reconstruction between doctors and patients, update doctors' knowledge base on breast reconstruction in a timely manner, and doctors should strengthen communication with patients and family members before surgery, fully analyze the pros and cons of breast reconstruction for patients, and answer patients' confusion. At the same time, we should also pay attention to social support, actively discuss the inclusion of breast reconstruction costs in the medical insurance reimbursement catalog, reduce the financial burden on patients and increase the reconstruction rate.

2 FACTORS INFLUENCING BREAST RECONSTRUCTION IN BREAST CANCER PATIENTS

2.1 Demographic Factors

2.1.1 Age and place of residence

As age and distance between residence and hospital increase, breast cancer patients' knowledge, beliefs, and practices about breast reconstruction decrease. Gong Fengqiu et al [18] Revealed during investigation indicates that the age is greater than 50-year-old breast cancer patients are much less likely to agree with breast reconstruction than younger patients younger than 50 year old patient. Morrow Wait [21] for 20 ~79 women with breast cancer A questionnaire survey conducted by women showed that the older the breast cancer patients are, the farther they live from the hospital. The farther away, the weaker the breast cancer patients' knowledge, attitude and willingness towards breast reconstruction. and Zidak et al. [22] found that young female patients hope to have better breasts after breast reconstruction. The older women have a more positive attitude and stronger willingness to breast reconstruction due to their breast shape. Female patients tend to use it due to higher requirements for breast reconstruction and longer hospital stay. Musculocutaneous flap augmentation to avoid breast reconstruction, which is associated with Yang etc [23] Research results one To. Vora et al. [24] studied surgical desert (That is, in rural areas with insufficient health services, Every Only among 100,000 people 6 or less surgeons distributed) breast reconstruction The impact states that breast reconstruction rates vary by geographic region and are closely related to the distribution of plastic surgeons. degree is positively correlated, patients in surgical desert areas are far more likely to undergo breast reconstruction Lower than patients in non-surgical desert areas. Overall, as age increases, patients The willingness for postoperative breast reconstruction is actually lower. In terms of place of residence, the patient's breasts were heavy There is a positive relationship between the construction rate and the distribution of medical resources; This reminds medical staff in clinical work We should focus on educating older patients and their families about breast reconstruction. Popularize breast cancer patients to correctly understand the significance and necessity of breast reconstruction. At the same time, it is necessary to strengthen the medical To address the concerns of patients in areas with limited medical resources, large hospitals can help through point-to-point assistance. Support small local hospitals, conduct professional training

for local hospital doctors, and establish WeChat communication for patients. It enables patients and doctors in remote areas to understand the latest information on breast reconstruction. Thereby improving the breast reconstruction rate for patients in remote areas.

2.1.2 Educational level and professional status

Effects of education level and occupational status on breast cancer Patients' knowledge, belief and practice of breast reconstruction have a certain impact. Li Xin et al [19] 180 Example breast The research results of the cognition and attitude of breast reconstruction in patients after cancer surgery show that the working and educational background Patients with higher degrees have better cognition and attitude toward breast reconstruction, and Zhang Xin et al. [16] Research The results are consistent, indicating that the higher the education level of patients, the more likely they are to accept new things and understand information. More capable. In addition, Li Xing et al [15] Research found that employees who are highly motivated Those who have certain knowledge reserves should standardize and popularize knowledge and recovery of their own female characteristics. Symptoms, enhance self-confidence, put into work in a better mood and be more eager. Foreign scholars also get Similar research results were obtained by Morrow et al. [21] Studies have pointed out that people with low educational level and no personal Career is an important factor in patients not choosing breast reconstruction. Schumacher etc [25] right 297 patients underwent mastectomy for tumor stage 0 ~ Stage 1 breast cancer patients Researchers conducted a survey and found that patients with the lowest odds of undergoing reconstruction tended to be those living in areas with the lowest high school graduation rates, suggesting that low levels of education are hindering patient outcomes. Important factors in breast reconstruction. Therefore, relevant departments should focus on strengthening the cultural Health education and publicity for women with low education and no personal career to improve their understanding of themselves correct understanding of the disease and increase decision-making support, healthcare professionals can Targeted facilitation by focusing on each patient's uncertainties and unresolved issues decision making.

2.1.3 Marital status and family financial situation

Marital status and family financial situation To a certain extent, it has an impact on the knowledge, beliefs and practices of breast reconstruction among breast cancer patients. Gong Fengqiu etc [18] A study found that unmarried women with breast cancer have missing breasts because they have not yet started a family. Affect their appearance and image, produce inferiority complex, affect their interpersonal communication, and married, divorced Or widowed breast cancer patients are relatively older and do not have high requirements for breast reconstruction. Therefore, Compared with breast cancer patients who are married, divorced or widowed, unmarried women with breast cancer are more likely to Patients have higher recognition of breast reconstruction. Family economic situation directly reflects the patient's medical The patient's ability to pay for treatment largely affects breast weight loss after mastectomy. decision to build. A survey by Schumacher et al. [25] showed that families with higher family income provide patients with more material and spiritual support and care, thus promoting breast cancer. Increased breast reconstruction rates in cancer patients. Li Xing et al [15] Survey shows family economic situation It has a certain impact on the cognition and attitude of breast reconstruction patients after breast cancer surgery, and family economics Patients with light burdens have a certain financial foundation to support their pursuit of improving their self-image. Path, more likely to take the initiative to pay attention to breast reconstruction knowledge. Prompt the nurse to take care of the breast When treating cancer patients, we should pay attention to the patient's social and psychological characteristics and use an empathic way to publicize The significance and necessity of breast reconstruction. At the same time, we call for strengthening social support, which can be achieved through building Establish special love funds, special insurance, etc. to help those who are in financial difficulties and have a strong desire to rebuild. patient.

2.1.4 Insurance and race/nationality

Insurance and Race/nation to a certain extent Breast reconstruction rates play an important role in breast cancer patients. Kamali [26] research showed that with Breast cancer patients with insurance are more likely to have breast reconstruction than those without insurance is much larger. and Schumacher [24] survey showed that different types of insurance have Breast reconstruction rates vary greatly among patients with adenocarcinoma, and the impact on the improvement of reconstruction rates increases from large to small. The order is private insurance > medical insurance > Medicaid > Uninsured, there are also categories in our country Similar research results, Ouyang Qianwen et al [27] pointed out that different types of medical insurance cover breast cancer Cancer patients have different preferences for breast reconstruction and enjoy higher-level medical insurance such as publicly funded medical care. of patients are more likely to undergo breast reconstruction. and Butler [28] research shows that even if Among privately insured breast cancer patients, women of color are more likely to be Breast reconstruction rates are also much lower after mastectomy. Shippee etc [29] research index showed that breast cancer patients who were uninsured or had public insurance were more likely to have breast cancer than those who had private insurance. of patients are less likely to undergo breast reconstruction, but regardless of the type of insurance purchased, a minority Ethnic patients have lower breast reconstruction rates than white patients; The study revealed different ethnic/ Persistent racial disparities in health care are not driven by patients' insurance type, Rather, efforts should be made to promote awareness and provide comprehensive coverage for women with breast cancer. Covered helpful services.

2.2 Clinical Factors

2.2.1 Cancer stage and whether to receive radiotherapy

With breast cancer patients The likelihood of a patient choosing breast reconstruction increases with stage of enlargement and receipt of radiation therapy. The reduction [30]. Ma Lin Xiaoxi et al [31] Studies have shown that late stage cancer increases the risk of The risk of local recurrence and reduced disease-free survival rate are the unique factors that influence the patient's choice of breast reconstruction. establish influencing factors. Iskandar et al. [32] showed that the cancer stage reaches 3, 4 period or Patients who have developed distant metastases are less likely to undergo breast reconstruction. Jagsi [12] found that patients who received radiation therapy were less likely to undergo breast reconstruction. The number of patients treated with pre-reconstructive radiation was much smaller. However, research by Yang Xiaoqin et al. [33] showed that heavy Pre-construction radiotherapy may increase the occurrence of complications of breast reconstruction, affect its cosmetic effect, and seriously Breast reconstruction may also affect the effectiveness of radiotherapy, suggesting that patients' decisions about breast reconstruction may be Affected by radiotherapy factors. Nelson et al. [34] pointed out in a survey that patients who choose delayed breast reconstruction have higher cancer staging and pre-reconstruction radiotherapy rates, which is consistent with The research results of Reddy et al. [35] are consistent. Patients lack relevant medical knowledge and are confused about decision-making before surgery is an important reason for the low rate of breast reconstruction, so it is urgent to build a set of To assist in decision-making based on the characteristics of breast cancer patients, hospitals can establish a professional The interdisciplinary team discusses auxiliary decisions with the patient based on their condition and personal circumstances. strategies to improve patients' awareness of relevant preoperative medical knowledge, including the flow of breast reconstruction process, methods, surgical risks, complications, effects and significance after reconstruction, etc., thereby improving reconstruction rate and reduce patient decision-making regret.

2.2.2 Mastectomy type and quality of life

Different Mastectomy Types and Life Treatment effects vary among patients with breast cancer undergoing breast reconstruction. Jagsi et al [12] studied Studies show that patients who undergo bilateral mastectomies are more likely to be better than those who undergo unilateral mastectomies Patients prefer breast reconstruction, vs. Weissler [36] found similar results. In addition, patients with breast cancer combined with other diseases (COPD, heart disease, diabetes disease, stroke) It is an important influencing factor for patients not to choose breast reconstruction [21, 37]. Ouyang Qianwen et al. [27] also pointed out that tumor size, lymph node status, hormone receptor status, etc. Pathological factors influence patients' choice of breast reconstruction. Obesity after breast reconstruction An important influencing factor in the occurrence of related complications [38], studied by Ma Linxiaoxi et al. [31] It means that a high body mass index will increase the chance of postoperative complications. As the body As the mass index increases, patients are more likely to not undergo breast reconstruction.

2.3 Lack of Knowledge about Breast Reconstruction

2.3.1 Breast reconstruction awareness is weak

Differences in cognitive structure affect breast reconstruction in patients decision, and breast cancer patients, as the main decision-makers for breast reconstruction, have Awareness is a key factor affecting breast reconstruction rate [20]. Li Xing et al [9] findings The results found that patients after breast cancer mastectomy only need breast reconstruction. occupy 18.32%, lower than the proportion reported in foreign literature. Currently, most breast cancer patients Reasons for not having breast reconstruction after mastectomy include: (1) Worry about relapse or transfer of findings. (2) Chemotherapy is already very painful and I don't want to have another surgery. (3) accept Breast missing status. (4) I feel older and my personal appearance doesn't matter. jia- jian C et al. [17] pointed out that Chinese women have low requirements for breast aesthetics and the defects of the medical system. and limited resources hinder the development of breast reconstruction technology in China.

2.3.2 Insufficient preoperative education for breast reconstruction

Deng Jianmei et al. [39] found that breast Cancer patients have diversified needs, especially health information needs, psychological needs and sexual needs. Demands extreme attention. According to relevant literature reports, patients' breast reconstruction information mainly comes from breast surgeons, followed by plastic surgeons, and then breast cancer nurses. The most influential among them are plastic surgeons [11]. Medical staff teach patients before surgery Insufficient fertility is an important factor influencing patients' choice not to undergo breast reconstruction [34], and Awan [40] etc. 51 breast cancer surgeons treat breast cancer after mastectomy Attitudes and views on reconstruction pointed out that only 35.5% of doctors recommend that their patients undergo Most of the doctors who perform breast reconstruction are female doctors. 76.5% of the doctors are worried about breast weight. The practice will mask local recurrence of cancer without recommending breast reconstruction. And there is a phase Relevant research [41] shows that breast reconstruction does not affect cancer surveillance.; This indicates that relevant medical Medical staff also need to strengthen their knowledge of breast reconstruction in order to better provide breast reconstruction services. Advise patients on preoperative education. Zhang Peipei et al. [42] interviewed patients who planned to undergo breast reconstruction after radical mastectomy. Some interviewees said that medical staff would Provides brief information on breast reconstruction, but does not meet their needs. on the one hand It indicates that there is insufficient communication between clinical medical staff and patients, and there is a lack of professional health education and Preoperative guidance, on the other hand, reflects the current professional knowledge of medical staff on breast reconstruction Reserves are not comprehensive enough. Therefore, managers at all levels have to strengthen the training of medical staff. Improve their knowledge reserves and communication skills, and provide patients with comprehensive personal information as much as possible Sexualized treatment options.

3 STRATEGIES TO IMPROVE BREAST RECONSTRUCTION IN BREAST CANCER PATIENTS

3.1 Standardize and Popularize Knowledge Related to Breast Reconstruction

Due to domestic breast cancer patients' breast The reconstructed professional knowledge, attitudes, and behaviors are influenced by the traditional outlook on life and ethics, making Breast cancer patients pay more attention to disease symptoms and prognosis when facing surgical options. Breast aesthetic requirements are relatively low, making the decision to choose breast reconstruction difficult. Previous studies [43] have shown that patients lack relevant surgical expertise or are not accused of Knowing your options regarding breast reconstruction and not getting help from a breast reconstruction specialist are dangerous An important influencing factor in adult patients not undergoing breast reconstruction. Abroad, medical personnel have The importance of preoperative education for breast reconstruction has been realized, and related preoperative education programs have also Becoming more and more popular [44]. In China, preoperative education for breast reconstruction after mastectomy is Insufficient attention is paid to clinical nursing continuing education [42]. De Ligt et al [45] studied the middle finger Patients with breast reconstruction are told about breast cancer more often than patients without breast reconstruction reconstruction is a treatment option, they more often discuss the advantages of breast reconstruction with their doctor than And they more often participate in shared decision-making. Causarano et al. [46] research results showed that showed that compared with conventional preoperative patient education, a precounseling education group improved patient the quality of shared decision-making among participants. Liu [47] pointed out that medical staff should provide comprehensive preoperative information guidance to patients on the pros and cons of different surgical options, and make a decision for patients. The best surgical decision is crucial. Therefore, clinical workers should combine breast cancer patients' The patient's actual situation, assess the patient's health goals, and formulate personalized health consultation; Secondly, by expanding the number of professionals involved in patient health education and consultation, both Integrate surgeons, oncology experts, nurses, operating room nurses, etc., from each From a professional perspective, provide relevant information support to ensure that patients make correct clinical decisions, thereby improving the breast reconstruction rate for breast cancer patients [42].

3.2 Strengthen Social Support

The members involved in breast reconstruction decision-making are mainly from the family. Including spouses and other family members, due to the high cost of breast reconstruction and most multiple This item is not covered by medical insurance, so this expense will become an important expense for the family. The husband and The support of children will help breast cancer patients make successful decisions about breast reconstruction [42]. answer A study by Xiao et al. [48] showed that patients' family and friends had different attitudes toward breast reconstruction. There is a significant difference in the degree of emotional support, care from family or friends can provide Greater support for patients makes them more confident in facing reconstructive surgery. Brown etc [49] of research Research shows that breast cancer patients crave support from peers, family, friends and within the healthcare system Support for breast reconstruction, indicating social support for breast reconstruction decisions in breast cancer patients have an important impact. Therefore, clinicians should provide preoperative education to breast cancer patients. At the same time, breast reconstruction knowledge lectures can be held regularly and breast reconstruction consultations can be established. Strengthen the popularization of breast reconstruction knowledge to their family members through consultation groups and other channels, thereby improving breast cancer Breast reconstruction rates in patients with adenocarcinoma.

3.3 Formulate Policies to Promote Breast Reconstruction and Strengthen Organizational Support

In many developed countries, national health administration departments will incorporate breast reconstruction into health policies. Since domestic breast reconstruction is a new field that is being developed, current relevant research only focuses on breast cancer patients' cognition and attitude towards breast reconstruction after mastectomy, and there are few studies on their breast reconstruction behavior. Therefore, in order to ensure the smooth progress of breast reconstruction and improve the breast reconstruction rate of breast cancer patients, the National Ministry of Health Administration The government should incorporate breast reconstruction into relevant health policies and provide policy guarantees. Secondly, it should be added Invest large amounts of money to establish breast reconstruction institutions and formulate regulations related to breast reconstruction. medical Hospitals should take effective measures to improve breast reconstruction medical technology and related equipment, and Including medical insurance coverage and strengthening Medicaid for breast cancer patients will not only alleviate It reduces the patient's financial burden and also increases the patient's breast reconstruction rate.

4 SUMMARY

Research on breast cancer patients' knowledge, beliefs, and practices of breast reconstruction has just begun, and there are still many There are many shortcomings. At present, the main influencing factors are age, place of residence, education level, and professional status. status, marital status, family financial status, type of medical insurance, race/Ethnicity, cancer classification period, whether to receive radiation therapy, quality of life, type of mastectomy, awareness of breast reconstruction Weak breast reconstruction and insufficient preoperative education. Therefore,

breast reconstruction-related knowledge should be standardized and popularized, and With a correct outlook on life, the health department should formulate policies to promote breast reconstruction for breast cancer patients. policy, and at the same time, as family members, we should give patients more encouragement and support. for breast cancer The only evaluation of patients' breast reconstruction knowledge and practice is the internationally accepted breast reconstruction awareness and practice. Decision Questionnaire, BREAST-Q Questionnaire, Breast Reconstruction Identity Questionnaire, Domestic Current Breast The research on knowledge, belief and behavior in housing reconstruction is still in its infancy. Due to the differences between Eastern and Western expressions of emotions, Different methods and characteristics should be based on the knowledge, beliefs and practices of breast reconstruction among breast cancer patients in my country. characteristics, compile a scale suitable for breast reconstruction knowledge, belief and practice in China, and study to improve breast reconstruction The intervention method of knowledge, belief and action can mobilize the enthusiasm of breast cancer patients for breast reconstruction and help more Many breast cancer patients have regained their confidence and improved their quality of life.

COMPETING INTERESTS

The authors have no relevant financial or non-financial interests to disclose.

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