

Oncoplastic Breast Surgery - A Paradigm Shift

Arifa Manzoor

Assistant Professor Department of General Surgery
Pakistan Institute of Medical Sciences, Islamabad
docarifa@yahoo.com

Breast Cancer is the most frequent female cancer all over the world and according to estimates Pakistan has the highest incidence of Breast Cancer in Asia.¹ Advances in adjuvant treatments have resulted in better outcomes with increased survival of patients. Oncological clearance is the undisputed primary goal of cancer surgery but the modern Breast surgeon is bound to consider the aesthetic results of surgery and its impact on self-image. The breast cancer diagnosis was a death sentence in the 19th century, but its management has advanced tremendously from the disfigurement of radical mastectomy and acceptable modified radical mastectomy to the present day oncoplastic breast surgery. Oncoplastic breast surgery started in the 1990s for the management of Breast Cancer and has gained worldwide recognition and acceptance to provide cancer patients with best possible aesthetic outcomes.²

Oncoplastic breast surgery is the unification of the ablative and reconstructive aspects of breast cancer surgery.³ It makes possible for a single surgeon to offer breast conservation procedures even for large tumors. Patients can have wide excisions and reconstruction of defects, thus avoiding mastectomy or an inferior cosmetic outcome. It started as a lumpectomy or quadrantectomy, with reshaping or rearrangement of local glandular tissue to avoid deformity especially after radiation therapy. Oncoplastic breast surgery differs from the traditional breast conserving surgery. The underlying philosophy of this new discipline is aimed at not only conserving the breast but also preserving the shape of the breast. To achieve this aim latest plastic surgery techniques are combined with breast surgical oncology. However, the

concept of oncoplastic breast surgery is much larger than blending two disciplines, as it requires vision, passion, knowledge of anatomy, and an appreciation and understanding of aesthetics, symmetry and breast function.

Oncoplastic breast conservation surgery includes the following Goals⁴:

1. Complete removal of the lesion
2. Clear margins, the larger the better to minimize the chances of recurrence
3. Good to excellent cosmetic results
4. One-time theater visit to perform the definitive procedure.

It encompasses breast reconstruction, nipple-areola complex reconstruction, therapeutic mammoplasty, correction of scars, reshaping of breast and male breast surgery. Oncoplastic breast reconstruction done at the time of partial mastectomy is a particularly valuable tool in broader oncologic management. Tissue displacement or replacement techniques avoid breast deformities and do not compromise on oncologic safety. Contralateral summarization procedures, if required, can be done straightaway at the time of partial breast reconstruction or planned on a delayed basis. Oncoplastic techniques offer survival and local recurrence rates equal to those of MRM.⁵ In advanced countries, these procedures are offered to patients at the time of breast conserving surgery for breast cancer. These techniques spread the available choices for breast conservation surgery, advance aesthetic outcomes, leads to greater patient contentment and superior control of tumor margins. Women in our country also deserve to be offered the option of highest

quality of life, at par with the modern world, while we treat their breast cancers. The aim is to reduce the rate of unnecessary mastectomy and offer the latest surgical interventions.

Application of Oncoplastic breast Surgery has been slow in underdeveloped countries, mainly because of lack of information and resources.³ Fear of losing the breast prevents many patients from seeking health care leading to the advanced stage of disease at presentation and is no more the candidates for the breast conserving surgery. Lack of training in this technically advanced subject prevents the surgeons from offering the eligible patients the latest surgical management. Public awareness campaigns are necessary to develop awareness about breast oncoplasty procedures among women in general and medical professionals in particular. Breast surgery requires a multidisciplinary input and patients should to be managed from diagnosis to the end of treatment by the same team of specialists. Breast reconstruction should be part of a common approach to the entire physical and psychological rehabilitation of the patient.⁶ It should be a routine procedure in the armamentarium of breast oncologic surgeons. Pure plastic surgery expertise can be

utilized for complex autologous breast reconstructions using free flaps.

References

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