

COSMESIS VS ONCOLOGY IN PRIMARY CENTRAL TUMOUR BREAST CONSERVING THERAPY(BCT)

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STATEMENT I

The oncologic and aesthetic principles involved in primary retro-areolar breast conserving therapy do not oppose each other. The practical execution of those principles may.....

STATEMENT II

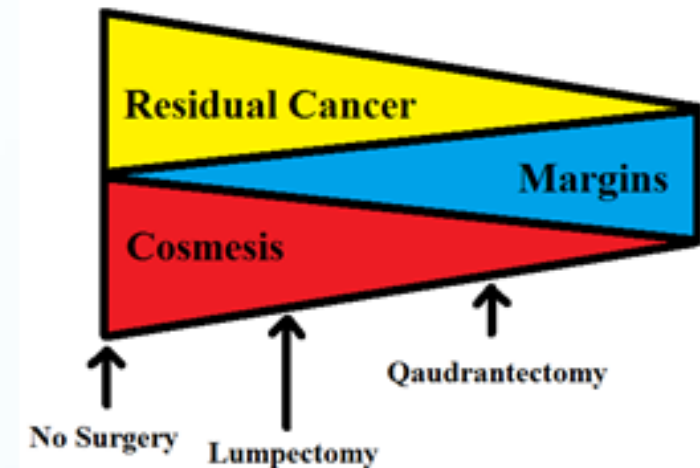
A poor cosmetic result following post breast cancer reconstruction is worse than no reconstruction.

Anon



PRINCIPLES TO PREVENT CONFLICT BETWEEN GOALS OF ONCOLOGY AND COSMESIS

1. Reconstructions must be “designer operations” uniquely planned to factors affecting the outcome
 - tumour: breast ratio
 - clear margins
 - body habitus (amount of fat)
 - volume displacement /replacement
 - Altered / non-operated opposite breast
 - conversion to mastectomy



Dilemma: clash of interests

(Modified from Donegan WL.,
Spratt JS. Cancer of the
Breast. 4th ed. Philadelphia.
PA: Saunders 1995.)

4. Advantages / disadvantages

- eg. small, ptotic and large breasts pose challenges throughout the treatment process – diagnosis, resection, reconstruction, radiation**
- eg. breast reduction has more wound and radiation related complications but increase eligibility for BCS by providing less tissue for more effective radiation.**

5. Never burn any bridges

- Final paraffin sections, staging and patient preference may delay BCT reconstruction in high risk individuals**
- H Gilles principle – “never do today that you can effectively post-pone till tomorrow”*but don't post-pone indefinitely***

OPPOSITE BREAST

- 3-5x increased risk for second primary
- asymmetry often reminds victims of their disease
- scarring, calcifications and fat necrosis resulting from procedures may interfere with physical and radiologic surveillance. It may obscure metachromous lesions and delay diagnosis.
- patients may request no alterations
- insurers refuse reimbursement for surgery on the opposite breast. Woman's Health and Cancer Act (1998) established this principle in the USA and prevents financial concerns of patients to force reconstructive surgeons to tailor the reconstructed breast to the appearance of the opposite side



FAT GRAFTING

- Autologous fat may provide soft tissue augmentation and simultaneous cellular repair through modulatory effects of stem cells
- improves small contour and large defects in the décolleté area
- a tight skin envelope requires expansion first (Brava)
- permanent fat retention is about 30% of harvested fat
- complication rate is low and mostly minor
- doesn't affect follow-up clinically and radiologically



CONCLUSION

“In an ideal world, there will come a time when all woman with breast cancer are offered and encouraged to avail themselves of plastic surgery and oncoplastic surgery consultation. This effort to improve the cosmetic results of breast cancer treatment should parallel the efforts at curing the disease and prolonging survival.”

***Scott L Spear: Surgery of the Breast Principles and art.
Vol I 2011 P 138***