Oncoplastic Breast Surgery:

What is it and what does it mean for my patients?

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Rationale for Breast Conserving Surgery

• BCS has similar survival and local recurrence rates as mastectomy*
• Psychological benefit from maintaining breast and body image

*NSABP B-06; EORTC; Milan Trial, Danish Cooperative Trial
The Old Paradigm – Treat the Disease

- General Surgeon = “ablative” surgeon
  - Remove tumour and close skin over
  - Aesthetic concerns left up to Plastic Surgery colleagues

- “Breast Conservation”
  - Retracted scars
  - Animation
  - Nipple deviation
  - Significant asymmetry
Immediately PostOp......Seroma is your friend
Delayed Deformities

Central

Upper Outer Quadrant

Lower Inner Quadrant

Lower Pole

3 Types of Breast Surgery

Oncoplastic Surgery

- **LUMPECTOMY**  
  ...for smaller tumors

- **MASTECTOMY**  
  ...for larger tumors or large extent of tumor

Neoadjuvant Rx

...Extends the possibilities of breast conservation
The New Paradigm – Treat the Patient

- Survivorship

“The appearance of the breast is a critical component in the treatment of breast cancer “

Scott Spear, 2009

“Oncoplastic surgery is surgery that is considerate to what we leave women to live with for the rest of their lives.”

Douglas MacMillan, 2016
No time like the present

Immediate Reconstruction at the time of Lumpectomy

Three R’s
- Redistribute
  - volume displacement
- Reduce
- Recentralize

Often WITH Plastic Surgeon
Increases indications for breast conservation
Before Radiation
Circumareolar incision

34F with 5cm DCIS medial left breast
“Hidden” scars
Fix asymmetry

PRE-OP – palpable mass upper pole LEFT breast, LEFT>RIGHT

POST-OP – round block performed twice for positive margin

POST-RADIATION – negative surveillance mammogram
Fix asymmetry

26F large fibro-epithelial lesion in left breast
Contralateral balancing

2 wks post op - LEFT UOQ cancer with contralateral RIGHT nipple “lift”

1 yr post op – LEFT breast radiation, negative surveillance mammogram
Vertical Mammoplasty

Large volume resection, breast too large for round block

Vertical Lollipop scar
One step ahead

Post LEFT mastectomy with plans for delayed recon
Surveillance mammo: New RIGHT breast cancer

Better for Radiation!!
Sisters, not twins

1 yr post op – RIGHT lower pole excision with vertical mammoplasty, adjuvant radiation

Declined contralateral balancing
V-mammoplasty

Lower Inner Quadrant cancer with skin retraction

Lollipop with inframammary fold extension
V-mammoplasty

5 days post op

3 weeks post op
The reduction she always wanted

Extensive IDC and DCIS occupying entire lower half of RIGHT breast

Declined nipple grafting

Better for Radiation!!
The reduction she always wanted

LEFT upper pole cancer

2 weeks post op

1 year post op, LEFT breast adjuvant radiation
Anticipating Radiation

Larger volume excision (10% by weight) on LEFT side

RIGHT (affected) breast larger pre-radiation
What is Oncoplastic Surgery

• Definition:
  Combination of the best oncology surgery and aesthetic outcomes

• Principle:
  Oncologic outcomes must NEVER be compromised by cosmesis
Principles of Oncoplastic Surgery

1. Complete removal of lesion
2. Clear Margins
   Wider margins
   Avoiding mastectomy
3. Immediate breast reconstruction to relieve volume loss
   No deformity
   Immediate symmetrization of contralateral breast when necessary
4. Leave patient looking same or better
Reconstruction

IMMEDIATE

Mastectomy

- Implant
- Autologous

DELAYED

Mastectomy

- Implant
- Autologous

Lumpectomy (breast conserving)
Reconstruction

IMMEDIATE

Mastectomy

Implant

Autologous

Lumpectomy
(Breast Conserving)

ONCOPLASTICS

DELAYED

Mastectomy

Implant

Autologous

ONCOPLASTIC PARTNERSHIP WORKSHOP
Oncoplastics = doing better

“The quickly expanding field of oncoplastic breast surgery aims to enhance the physician commitment to restore the patient's image and self-assurance”

Dennis Holmes 2011
Supply and Demand

Surgeon offers Oncoplastics to patients → Awareness of Oncoplastics

Surgeon attains Knowledge/Skills → Demand for Oncoplastic options
Thank You