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Oncoplastic Surgery for Breast Cancer

BY BEVERLY A. CALEY

Traditionally, surgeons who treated breast cancer were taught how to remove the cancer, but nothing about the reconstructive aspects of surgery. Now, surgeons trained in the newly emerging techniques known as oncoplastic surgery take both the medical and cosmetic outcomes into consideration.

Gail Lebovic, MD, director of Women's Services at The Cooper Clinic at Craig Ranch in Dallas, was ahead of the curve. During her training, "it became important to me to develop techniques combining surgical oncology and reconstructive surgery," she says. "That sounds straightforward and obvious, but I've been doing this for almost 20 years and it's only been in the last two or three years that it has entered the mainstream of surgical thinking."

Lebovic says oncoplastic surgery takes everything into consideration, including the patient's diagnosis, pathology report, breast imaging studies, risk for recurrence, and risk for developing cancer in the opposite breast. "Then we customize the surgical approach so that it optimizes the aesthetic outcome. We do all that without compromising the cancer treatment." Lebovic looks at the aesthetic qualities of each patient's breasts and considers what the patient would like. "It's really about a holistic approach."

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Oncoplastic techniques also help decrease the number of surgeries, Lebovic says. "For example, if you're going to do a lumpectomy with radiation on one side of a medium-sized breast, it is going to wind up a little bit higher on the chest wall, so the opposite breast may need a small reduction or a lift. Whenever possible, we would do this during the same surgery. Another example is that if we're doing a

mastectomy, we almost always at least begin the reconstructive process at the same time.”

No large studies have compared the cancer recurrence rates of oncoplastic and traditional surgical techniques, and probably never will, Lebovic says. With these innovative techniques, each patient’s case is very different, so it is difficult to gather enough patients for a comparative trial. However, Lebovic thinks that research into the use of skin-sparing and other breast-conserving surgeries supports the use of oncoplastic techniques. “The patients must be appropriately selected,” she explains. “That’s the key.”

Societies such as the American Society of Breast Disease, The American Society of Breast Surgeons, and Susan G. Komen for the Cure can help patients find a good oncoplastic surgeon, but Lebovic cautions that because oncoplastic surgery is very new, the current focus of surgical societies is on training more surgeons to use these techniques.