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Completing the circle of care: A presentation of post-breast surgery options for mastectomy patients who do not have reconstruction

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The use of silicone gel prosthesis to replace breast tissue after surgery is an important and viable alternative to reconstruction. For many women reconstructive breast surgery is either not possible or not preferred or it may be unavailable or unaffordable. For these breast cancer survivors the result is not just cosmetic. The health issues caused by changes to their posture can include damage to their shoulders and back. Equally important are the psychological issues of body image and self-esteem that can limit their ability to move forward and live a healthy life. This presentation will introduce you to the many products available to help women move forward after surgery is beginning with the recovery garments that provide for drain management and comfort in the days immediately following surgery. We will then introduce you to lightweight foam prostheses and post-surgery bras worn for the next 4-6 weeks while their surgery site is healing. Following that there is a range of shapes, sizes and weights of silicone gel prostheses that are worn either in a pocketed mastectomy bra or attached to the chest wall. We will also introduce you to the custom prosthesis whereby the woman's chest wall is laser scanned to identify all irregularities and a prosthesis is hand molded to fit exactly against her chest. Finally we will show you the range of mastectomy bras, leisure & swim and sleep wear designed with pocketed construction to securely hold the prosthesis in place so the results of the surgery are undetectable.

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The importance of early diagnosis in patients with maxillary sinus carcinoma

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Background: There are two major challenges in the early diagnosis of maxillary sinus carcinoma: the maxillary sinus is not susceptible to direct inspection and palpation, and symptoms are uncharacteristic. The aim of this study was to assess the impact of the time interval between first symptoms noticed by the patient and the detection of the tumor on survival.

Methods: 88 patients with maxillary sinus tumors were included in the retrospective study. Prognostic factors were identified through univariate analysis.

Results: Univariate analysis ($p=0.019$) revealed a significant impact of the time interval from first symptom to diagnosis on overall survival. With increasing duration of the symptoms 5-year overall survival was reduced from 65% for duration between 0 and 2 months to 24% for duration of symptoms longer than 12 months. Furthermore, we found a significant association ($p=0.033$) between local extension of the tumor and time interval from first symptom to diagnosis.

Conclusion: Early diagnosis is often difficult because of uncharacteristic symptoms, which are identical with benign diseases of the maxillary sinus. The delay between the occurrence of the first symptom and diagnosis often makes a curative treatment impossible.

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