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## The influence of nonstandard type operations during metastatic breast cancer

Notwithstanding of recent development of diagnostics and new approaches in treatment of stage IV breast cancer disease, the treatment of metastatic breast cancer yet remains as one of the significant problems of the medical world. The studies and practices at our clinic have defined many different cases which included both- standard type of treatment (i.e. metastatic liver and pulmonary surgical interference); and the ones that can be considered as non-standard approach when the surgery derives from non-standard metastatic development of the breast cancer. There are cases when the secondary damages were discovered in the form of ulcerated tumor of sternum; ulcerated supraclavicular area; neck lymph nodes; soft tissue damages in different areas and also combined damage of pleura with ribs. We have carried out more than 30 non-standard operations during 2012-2016 related to the patients that has developed metastatic diseases in one of above motioned areas. These are the patients who were not the de novo patients and all of them have previously gone through both: The surgical and the systemic treatment of primary breast cancer such as: Chemo, target, hormone/radiation therapies. However, the decision to go through the surgery has been taken after the resistance of the disease towards the systemic therapy was defined. In most of the cases, the quality of the patient's life was deteriorating because of paraneoplastic syndromes and fast growing visualized tumor development (depression, pain, ulceration, secondary infection, bleeding, etc.). Surgeries and operations included: 21 cases of supraclavicular area and neck lymph nodes; operation: Neck area lymphadenectomy, or tumor conglomerate excision from supraclavicular area. Surgery: 3 cases of local recurrence with tumor incision in the ribs; operation: The resection of local recurrence in one block of damaged area. Surgery: 2 cases of parietal pleura damage; operation: Tumor atypical resection. Surgery: 4 cases of total damage of sternum with adjusted problems of ulcerated and bleeding tumor; operation: Combined resection of the tumor tissue together with the damaged sternum. All other non-standard cases have had the problems related to the metastatic localizations in soft tissues of different areas like: Shoulder, arm, belly and other areas. All above mentioned patients renewed systemic treatment after the surgeries. Even though the number of overall survival has not increased dramatically, we have seen the significant improvement of quality of life together with psycho-social rehabilitation.

## Biography

G Nemsadze has completed his PhD from National Cancer Centre St. Petersburg. Later, he became a Professor. He is the Head of Boards of the clinic named "The Institute of Clinical Oncology" Tbilisi, Georgia. He works in Clinical Oncology and General Surgery (more Than 750 operations per year). He has been the Principal Investigator for 12 studies in oncology. He has published more than 120 papers in reputed journals. He is the Member of New York Academy since 1996 and Full Member of ESMO, since 2005. He earned the Patent in "Mastectomy and Post Mastectomy Reconstruction" in 1996. He is the winner of "Georgian State Prize" in science and technology-1998.

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