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Maximizing breast conserving options for treating breast cancer

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Surgery plays an essential role in the treatment of primary breast cancer. Breast Conserving Surgery (BCS) has been proven to be safe and effective in treating breast cancer when it is followed by radiotherapy to the breast. Breast conserving surgery is also more acceptable esthetically with little morbidity compared to mastectomy. However, performing breast conserving surgery can sometimes be challenging. Chest wall perforator flaps were introduced to overcome some of these challenges and broadening the use of BCS especially in small-breasted patients. Therapeutic mammoplasty, on the other hand, was introduced to treat breast cancer in the relatively large-breasted patients to minimize the side effects of breast radiotherapy and ensure better cosmetic outcome. We have reviewed the oncological practice in our single center and audited retrospectively the use of both chest wall flaps and therapeutic mammoplasties in broadening the indication of breast conserving surgery. The results showed an increase rate of breast conserving surgery with better cosmetic outcome. Using chest wall perforator flaps has improved the cosmetic outcome in patients who needed re-excision. Both techniques helped surgeons in securing a satisfactory margin without compromising the esthetic outcome. In selected cases, therapeutic mammoplasty was used to treat successfully multifocal cancers with adequate margin. In summary, chest wall flaps and therapeutic mammoplasty have revolutionized the breast conserving surgery practice. Both techniques are essential components of the oncological surgery. Surgeons treating patients with breast cancer should be trained to perform chest wall perforator flaps and therapeutic mammoplasties to maximize oncological options for their patients.

Biography

Hazem Khout has completed his Fellowship in Breast Oncoplastic Surgery at Edinburgh Breast Unit. He is a Fellow of the Royal College of Surgeons of Edinburgh and the European Board of Breast Surgery. He is currently a Consultant Breast Oncoplastic Surgeon at the Nottingham Breast Institute and an Affiliate Member at the Nottingham Breast Cancer Research Centre. He was appointed as a Professional Clinical Advisor for Surgery in East Midlands by the Public Health of England. He has a special interest in empowering breast cancer patients in making decision and maximizing breast oncological options.

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