**Oncoplastic Surgery:**
“*What every team member should know*”

Session #94

Gail S. Lebovic, MA, MD, FACS
Specializing in Oncoplastic Surgery & Women’s Health
Chair, 2014 World Congress of Breast Healthcare
Past President, American Society of Breast Disease
Chief Medical Officer, Focal Therapeutics, Inc.

**What is Oncoplastic Surgery**
(“Oncoplasty”)

Oncoplastic Surgery = Breast Surgery
- Surgical Oncology + Symmetry/Aesthetics
- Locoregional Control + Optimal Cosmetic Result
- Blending of “Science & Art”

Cancer = Mastectomy = Horrible & Negative

Oncoplastic Surgery is not just about Cancer…..
Negative ➔ Positive
What is the role of the Oncoplastic Surgeon?

- Complete Assessment
- Pre-op Evaluation
- Multidisciplinary Planning
- Risk Assessment, diagnosis, treatment, survivorship

Either as an individual surgeon, as a team or as a “virtual team”
Surgical Oncology

Aesthetic Surgery

Breast Size
Shape
Symmetry

Adequate Margins
Risk Reduction

Screening Mammogram

Early Diagnosis & Improved Care

Implant
Minimal Incision
Reconstr Tech
Ax. Dissec.
SLN Biopsy
Breast Cons.

Historical Perspective
1970’s-Present

Oncoplastic Surgery = Balanced Approach

Adequate Margins
Oncologic Needs
Size
Risk Reduction
Symmetry
Shape

Patients’ Needs/Desires
Evolution of “Breast Surgeon” (in US)

- Diagnostic Biopsies
- Lumpectomy
- Sentinel Node Biopsy
- Mastectomy
- Axillary Dissection

Breast Surgeon → Oncoplastic Surgeon

- Diagnostic Biopsies
- Lumpectomy
- Sentinel Node Biopsy
- Mastectomy
- Axillary Dissection
- Augmentation
- Reduction
- Reconstruction
- Breast Lift
- Asymmetry
- Implant Problems
- Revision
- Reconstructions
- Nipple Construction

Political (“TURF”) Battles

- Surgeons MUST meet needs & desires of the patient
- Surgeons MUST protect standard of care/principles
- Establish & nurture strong working relationships
- Establish training & educational programs
Must Overcome Resistance to Achieve Excellence

- Mastectomy rates are increasing
- 80% of women having mastectomy are not having reconstruction
- Plastic surgeons not interested
- General surgeons are not trained/interested

Breast Conservation

Unbalanced Approach = Unacceptable Results
The Multidisciplinary Approach Improves Patient Outcomes

- Mammography
- Correlate pathology
- Surgical planning
- Breast conservation vs mastectomy
- Options for Breast Reconstruction
- Establish Relationships

Dr. Laszlo Tabar
Prof. Umberto Veronesi
Drs. Leal & Costa

Breast Imaging

<table>
<thead>
<tr>
<th>BREAST IMAGING MODALITIES</th>
<th>X-RAY</th>
<th>ULTRASOUND</th>
<th>MRI</th>
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<tbody>
<tr>
<td>2-dimensional X-RAY Mammography</td>
<td>2-dimensional ULTRASOUND</td>
<td>3-D MRI</td>
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Multidisciplinary Approach

Dr. Gail Lebovic
Dr. Jennifer Engels
2 Dimensional vs. 3 Dimensional Imaging

Benefits of MRI Pre-op

- Helps define extent of tumor
- Identifies lesion(s) in contralateral breast
- Defines resection in 3-D
- Helps refine surgical approach

Oncoplastic Surgery = Breast Surgery

- Appropriate Patient
  - Small Tumor
  - Good location
  - Large Breast
  - Wide Margins
  - Impact of radiation?
Mastectomy vs. Mastectomy + Reconstruction

“Even after 30 years of being just fine…”

…it’s really nice to feel normal.”

Oncoplastic Surgery & The Petite Breast
Subcutaneous Mastectomy with Reconstruction

Skin Sparing Mastectomy + Augmentation (Reconstruction)

Reduction Mammoplasty “Superior Pedicle”
Breast Reduction for Cancer Resection

Central Lumpectomy

Breast Reduction & Cancer
Subcutaneous Mastectomy
With Reconstruction

Aesthetic Mastectomy
With Reconstruction

Who is interested &
who is qualified

Goal is to be able to care for
Congenital & Acquired Breast Issues

Where/how do we start?
No current Standardized Training Program

- Surgeons MUST know their own limitations & abilities
- International Steering Committee to Develop Guidelines & assist with educational programs
- Independent Programs to teach techniques geared toward excellence in patient outcomes

Establish training programs for residents & practicing surgeons

- American Society of Breast Disease (ASBD) hosted International Steering Committee NYC - April 2010
- All disciplines represented from 7 different countries
- All agreed eligible candidates include:
  - Surgeons, Ob/Gyns, & Plastic - Reconstructive surgeons

Optimizing Care
- Improve Patient Care
- Strong Surgical Training & Skills

Minimizing Risk
- Patients’ Needs & Desires
- Creative Clinical Vision & Ability
- Minimizing Risk Optimizing Care
## Guidelines for Standardized Training In Oncoplastic Surgery

| LEVEL I | Risk Assessment using Multidisciplinary Model
|         | Aesthetic Principles, evaluation & techniques
|         | Comprehensive surgical plan Diagnosis, Rx, Follow-up
|         | Aesthetic approach to incisions
|         | Large resections with breast conservation
|         | Reconstructions with local flaps

| LEVEL II | Perform skin/nipple sparing mastectomy
|         | Perform breast reduction with/without nipple transfer
|         | Perform mastopexy

| LEVEL III | Perform augmentation mammoplasty
|          | Perform mastopexy with implants
|          | Perform skin/nipple sparing mastectomy + reconstruction
|          | Perform reconstruction with implants-expanders
|          | Perform nipple reconstruction with skin flaps

| LEVEL IV | Specialty training to include myocutaneous flaps

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## Globalization & Consolidation of Breast Healthcare

- Economics are driving changes
- Commitment to preserve quality of care
- Interaction between specialties
- Interaction between countries

Oncoplastic Surgery is an essential factor in maintaining quality of care
Thanks for your attention !!!

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