The aesthetic results after oncoplastic surgery in early breast cancer

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**Background:** To create of the new concept of surgical treatment as a component of multi-therapy treatment of patients with breast cancers on postoperative quality of life (Qol). According to Clough K. B. (2010), the advantage of the oncoplastic approach is the expansion of indications for operations in achieving the best aesthetic results. "Oncoplastic surgery is the third way between standard organ preservation surgery and mastectomy."

**Methods:** We assessed 570 women who underwent breast conserving surgery (BCS) or total mastectomy (TM) with immediate reconstruction in P.A. Gertsen Moscow Research Institute from 2013 to 2017. Of the 437 patients, 306 (66.4%) had oncoplastic breast surgery. OBS included glandular reshaping (rotation flap, round-block technique, batwing mastopexy, wise pattern-inverted T, vertical pattern). The distribution of patients according to the stage of disease was as following: stage I-II – 348 (79.6%), IIIA – 89 (21.4%). A median follow-up period was 58 months. Only 94 (21.5%) patients received adjuvant polychemotherapy, combinations adjuvant polychemotherapy and radiation therapy – 27 (6.1%) or endocrine therapy – 37 (8.5%).

**Results:** During a median follow-up period local recurrent were detected at 5 (0.8%), distant metastasis – 15 (2.6%) patients. Overall disease-free survival in patients with BCS stage I was 96.2%, IIa – 90.9%, IIb – 86.7%, IIIA – 86.2% (p > 0.05). Overall disease-free survival in patients with SSN stage I was 92.9%, IIa – 91.2%, IIb – 84.4%, IIIA – 91.4% (p > 0.05). The postoperative cosmetic result after BCS was assessed in 79.3% patients.

**Conclusions:** In breast reconstructive the most effective method is using breast tissue after BCS. Oncoplastic surgery contributes is the better psychological adaptation of patients. Variety of modifications and options of reconstructive surgery causes problem of choice, which should be solved with patient taking into account the clinical data. The extent of surgical intervention does not affect the performance of the 5-year overall and recurrent survival and depends on the distribution process.

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