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LETTER TO THE EDITOR

Oncoplastic Breast Reconstruction in Conservation Surgery: Steps to Follow for a Successful Work

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Dear Editor,

I read with interest the work of Santosh N. Mathapati and colleagues [1] and would like to add some useful information for the surgeons in the decision-making about oncoplastic breast conservation surgery (OBCS) to optimize oncological and cosmetic outcomes.

Oncoplastic techniques are being used with increasing frequency in the multidisciplinary treatment of patients with operable breast cancer. The diffusion of this procedure comes from reported data that seem to indicate higher oncological safety and better cosmetic efficacy [1–5].

Many reports indicate that there are a range of possible benefits associated with the use of OBCS [2–8]:

- It may allow wider excision of the tumor with safer margins and reduced cosmetic penalties.
- It may avoid the need for mastectomy in a number of patients, without compromising local control. The patient avoids more extensive surgery and the higher complication rate and greater morbidity associated with total mastectomy and immediate reconstruction.
- It permits to achieve good to excellent cosmetic results in a higher number of cases, avoiding the need for secondary operations to correct breast deformities.
- Oncoplastic mammoplasty reduces the breast size thus providing the radiation oncologist with a medium-size breast, which makes radiotherapy less problematic in patients with macromastia.
- Bilateral OBCS prevents breast asymmetries, allows checking the contralateral breast and, occasionally, permits the discovery of occult contralateral neoplasia.

All breast cancer patients identified as likely to require breast surgery should be considered for possible oncoplastic techniques, as they may potentially benefit from them. The indications for every oncoplastic technique are different, and various algorithms have been devised to assist with the decision process [3–5]. The choice is usually based on tumor characteristics (size and location), the extent of resection, breast characteristics (size, shape, and glandular density), previous surgery, and the expectations and wishes of the patient [5–11].

The main indication for OBCS is breast cancer for which a standard conserving surgery with safe margins would either seem impossible or lead to a major deformity: high tumor volume-to-breast ratio, extensive ductal carcinoma in situ, multifocal cancer, and tumors in central, medial, and lower pole [2, 3, 5, 9].

Santosh N. Mathapati and colleagues conclude in their study that "Oncoplastic techniques and intraoperative margin assessment with frozen section are vital in attaining adequate margins and also decrease chance of local recurrence and revision surgery for positive margins." [1].

I absolutely agree with the authors: "the scalpel" and a "good surgical hand" in oncoplastic techniques are not enough to get lower re-excision rates and optimize the oncological and esthetic results! I want to emphasize once again the importance of a multidisciplinary path to achieve a successful work even in the era of oncoplastic surgery.

I think that the modern oncoplastic surgeon should always put attention to some essential and precise steps, as:

- Careful local and systemic staging of the disease before surgery (ultrasonography, mammography, magnetic resonance, and PET-TAC).

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- Adequate radiological preoperative study with localization of tumor and/or calcifications and/or clips especially after a good response to neoadjuvant chemotherapy.
- Personalized multidisciplinary discussion together with radiologists and plastic surgeons, in a dedicated "surgery board," to choose the best oncoplastic technique tailored to the patient.
- Intraoperative radiological and pathological evaluation of the specimen, for the definition of the lesion and the margins of resection.
- Accurate pathological management and assessment of the specimen using histological large sections (macrosections).

This multidisciplinary path can help an oncoplastic surgeon to obtain tumor-free margins and a good cosmetic outcome by keeping the amount of healthy breast tissue excision as low as possible.

In conclusion, oncoplastic breast conservation therapy should be considered as an effective local treatment option and "a good choice" for patients with breast cancer, as evidence is now available to suggest, it is safe and effective.

However, I think that oncoplastic surgery may increase the complexity of surgical treatment and so this choice should be taken, case by case, in specialized breast centers with a dedicated team. A personalized multidisciplinary path should guarantee accurate clinical counseling, adequate psychological support, and detailed information about the various oncoplastic surgical techniques that could be used to optimize oncological and cosmetic outcomes.

Compliance with Ethical Standards

Conflict of Interest The authors declare that they have no conflict of interest.

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