



## Reflection on Consensus Statement on Oncoplastic Surgery

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Dear Editor

We read with interest the recent article published regarding the Consensus Statement on Oncoplastic Surgery submitted by the committee of the American Society of Breast Surgeons (ASBrS).<sup>1</sup> This initiative of the ASBrS is memorable for at least three points: (1) re-enforcement of the global standard of oncoplastic breast surgery (OPS); (2) for recognizing great names of the pioneers in OPS; and (3) recognition of the need for adoption and training in the US.

At the beginning of the 1990s, a handful of surgeons around the world raised the concept and put into practice the use of mammoplastic techniques to improve the outcomes of breast cancer surgery.<sup>2,3</sup> With the establishment of conservative surgery and the additional knowledge gained regarding the impact of aesthetics on quality of life, the oncoplastic way of thinking persisted and today, outside of the US, has become standard treatment. Well-known and established global classifications exist and have been used to translate OPS from mentors to trainees for over 30 years.<sup>4-7</sup>

The first literal definition of OPS belongs to Professor Werner Audretsch, who refers to “the use of plastic and reconstructive surgery techniques to the immediate treatment of breast cancer”.<sup>8</sup> He helped to disseminate these concepts around the world, but especially showed OPS is much more than just learning to apply plastic and reconstructive surgery techniques. He and others understand that it is a philosophical way of thinking that involves a safe and refined oncological treatment of breast cancer, taking into account the desires of patients and the ability to

preserve, recover, or improve their body contouring and quality of life. Valuable efforts by these individuals to integrate these techniques for training are exposed in established private courses created to teach this philosophy of treatment to surgeons.<sup>9,10</sup> From these experiences, we have learned that it is more important to have well-trained surgeons who can appropriately care for their breast patients than to create and uphold historic barriers due to political or classical “turf” battles between specialties.

The ASBrS has an opportunity to join the global oncoplastic surgery movement by joining the efforts in teaching breast surgeons the full compliment of breast surgeries, as is well-accepted around the world. Patients expect that their breast surgeon will be able to care for them in a comprehensive manner, and thus surgeons must be trained for different procedures, including reconstructive procedures. The same thing has happened in Brazil and other countries.<sup>11,12</sup> The important thing is to spread the acceptance of techniques, providing the best outcomes and oncologic safety for our patients.

In conclusion, mentors must be prepared to not only teach techniques but also to spread the way of oncoplastic thinking. We must recruit new soldiers to really advocate the real concept of breast oncoplastic surgery, including breast reconstruction. As a surgeon, it does not make sense to have weapons in your armamentarium if you do not know how to use them. New ‘classifications’ are always welcome, however we cannot simply supersede what has come before and has already been established globally as the standard.

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