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Breast Pathology 2017: Current status of Korean breast cancer and oncoplastic surgery- Sun Paik- Ewha Woman's Cancer Center Hospital for Women

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Breast cancer is one of Common causes of breast cancer includes first birth an also at late age, early menarche and late menopause, hormone replacement therapy with a high fat and high calorie diet alcohol abuse, low physical activity and genetic factors 21,484 in Korea, 2014. The survival rate of breast cancer patient in Korea was much improved with early detection and new treatment modalities which includes chemotherapy, radiotherapy, immunotherapy, hormonal therapy, target therapy and multimodality therapy including precision medicine. The 5-year and 10-year survival was 91.2% and 84.8% respectively. Korean specialists started to consider about patients quality of life and developed a new surgical technic without change of recurrence and survival, currently about 70%People are caused and which may be desirable in terms of psychologically and cosmetically, Recently in Korea we have much considered for oncoplastic surgery.

The moralities of oncoplastic surgery of the breast Cancer can be based on complete removal of breast cancer with minimal scarring and producing optimal breast shape and size. It also includes careful proper planning and a part of a multidisciplinary approach and a surgical plan that will result in optimal cancer management and the best possible aesthetic outcome. The Incidence of breast cancer increases according to improvement of economic status and women's environmental factors in Korea. Several methods have been developing to minimize breast deformities. Oncoplastic surgery which is being increasing and it can be performed in Korean women's. However, the different Westerners, Korean women usually have moderate sized breasts. To achieve better outcomes in reconstructed breasts, several factors should be considered to determine the optimal surgical method.

The Breast Conversing Surgery can be extends benefits beyond merely minimizing poor cosmetic results. Even though aesthetic techniques have improved, patients who undergo BCS may still be dissatisfied with the aesthetic outcome. This method is less invasive and does not result in donor site morbidity. The glandular tissue reshaping technique is usually applicable only on small defects, and reduction oncoplasty may require for a contralateral procedure. Additional, to the reconstructed breasts are smaller than the preoperative breasts. second method is the volume is a additional technique, which can be furtherly used for autologous tissue to compensate for insufficient volume via techniques by using with local or distant flaps, such as an intercostal artery perforator flap or a latissimus dorsi where most patients have moderate-sized to large breasts, the resected tumour specimen weight tends to be greater than is observed in Koreans. In Korea, the patients where tend to have a moderate-sized small breasts, the tumour specimen weight is also usually lower than that of Western patients. These race based differences in breast features necessitate a new paradigm of oncoplastic surgery that makes difference in conventional Western-oriented approach. In this study, we retrospectively investigated the methods of reconstruction performed after partial mastectomy according to the weight and location of the tumour in Korean patients. Total of 108 patients who underwent BCS by an oncologic breast surgeon from 2013 to 2016 also underwent to immediate oncoplastic breast surgery.

We conducted preoperative counselling sessions with the patients who decided to undergo partial mastectomy by a general surgeon. During the oncologic operation, intraoperative frozen section analyses to establish the cancer margin and sentinel lymph node assessment were performed. However, the partial mastectomy was mostly judged and also it is sufficient to treat the breast cancer without performing total mastectomy based on the frozen section analysis results, the oncologic procedure was completed via partial mastectomy. After many creating the incision, dissection between the skin the LD muscle was leads to be performed. Dissection was done beneath the Scarpa fascia in large defects, and the deep fat tissues underneath the Scarpa fascia were it can be attached to the LD muscle. The defect size was relatively small; dissection was performed along with the muscular fascia of the LD. The LD muscle was dissevered in the superior direction with the thoracodorsal pedicle located underneath. Further, the reconstructed breasts are smaller than the preoperative breasts. This method is usually used for moderate-sized to large defects and can restore the preoperative breast shape. However, it may result in donor site morbidity, and requires a longer operating time.

Results: The mean weight of the tumour specimen was 40.46 g and tumour it can be specimen to breast volume under the ratio of 0.12 g/cc in the glandular tissue reshaping group (n=59) 101.47 g and 0.14 g/cc in the reduction oncoplasty group (n=17), and 82.54 g and 0.20 g/cc in the LD flap group (n=32). Glandular tissue is mostly reshaping and quickly completed in the upper outer quadrant and LD flap transposition in the lower inner quadrant. No more major complications were noted. Most patients were satisfied with the aesthetic results.

This work is partly presented at 4th World Congress on Breast Pathology and Cancer Diagnosis August on 23-24, 2017 held at Toronto, Canada

Conclusions: We had satisfactory outcomes of oncoplastic surgeries with Korean patients. The results about specimen weight and tumour to breast ratio of Asian patients will be a helpful for more reference to determine the method of oncoplastic surgery.

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