



Scope of Advanced Breast Cancer Surgery in Govt. Hospital – A Single Centre Experience



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Background



- Breast cancer is the 2nd leading cancer worldwide (*Source: Globocan , 2022*)
- It's management has been evolved tremendously including Surgical techniques
- Paradigm shifted from Halsted's **Radical** Mastectomy → Patey's **Modified Radical** Mastectomy(MRM) → Breast Conserving Surgery (**BCS**) → Oncoplastic Breast Surgery (**OPBS**) with **ALND** → **SLNB** → **TAD**

Background (Contd..)



- BCS / OPBS requires some adjuncts along with Conventional management like Breast MRI, Hydromarker/Magseed placement prior to NACT, Wire placement, Specimen mammogram, Frozen section biopsy, Tumour Boost RT, etc
- Treatment cost has also increased along with the modernized management
- Govt. Hospitals have its own limitations but we are trying to provide current surgical service to our patients

Methods



- A retrospective observational study – in Department of Surgery, Dhaka Medical College Hospital from 01.01.24 till date
- Breast cancer patients – underwent Surgery – study population
- 27 patients – included – eligible for BCS
- All patients did USG, Mammography, US guided Core biopsy, IHC, staging workup but Breast MRI, US guided placement of Hydromarker and NACT given in selected cases

Methods (contd..)



- Patients – underwent BCS – Specimen mammography done peroperatively in all cases
- Frozen section biopsy done for both BCS and SLNB
- 2 patients required US guided wire localization on the day of operation
- For SLNB – dual tracer (Methylene blue and Fluorescein dye) were used
- Adjuvant CT/RT and Tumour Boost RT were ensured accordingly

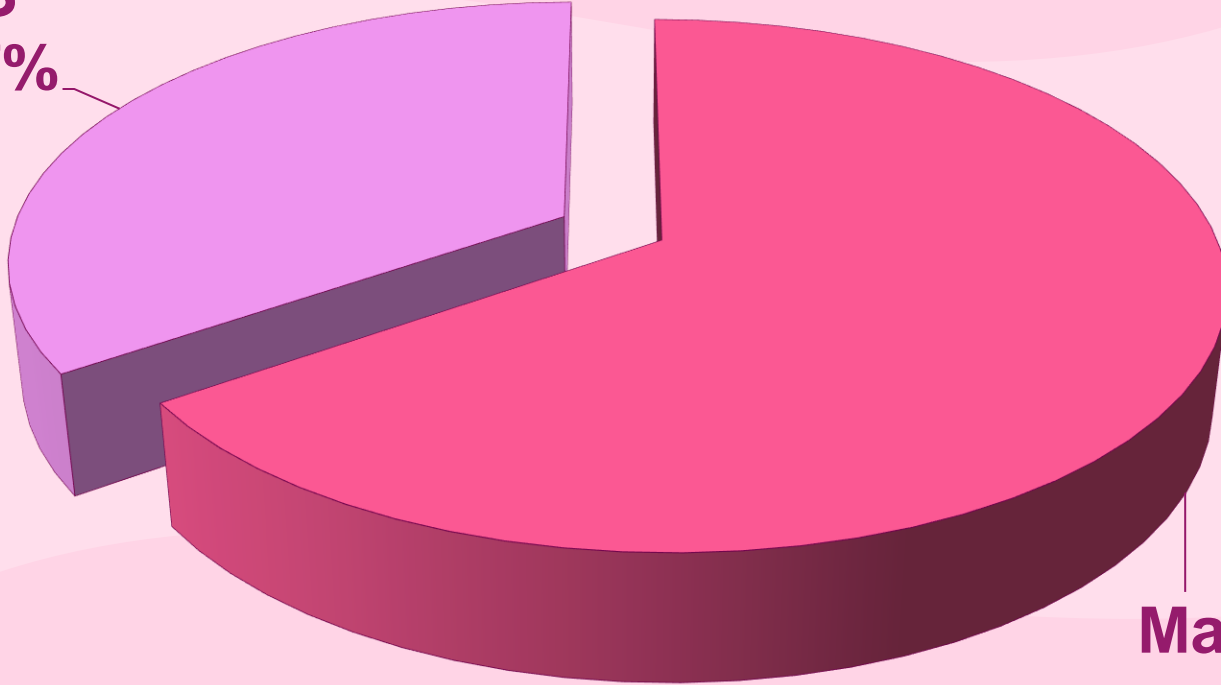


Results



Type of Surgery

BCS
10,37%



Mastectomy
17,63%

Conventional
BCS (3)

Lateral
Mammoplasty
(2)

Inverted T
mammoplasty
(1)

Round Block
Technique
(1)

Grissotti
Technique
(1)

Wire guided
WLE
(1)

Inferior
Pedicle
Mammoplasty
(1)

Conventional
BCS

Lateral
Mammoplasty

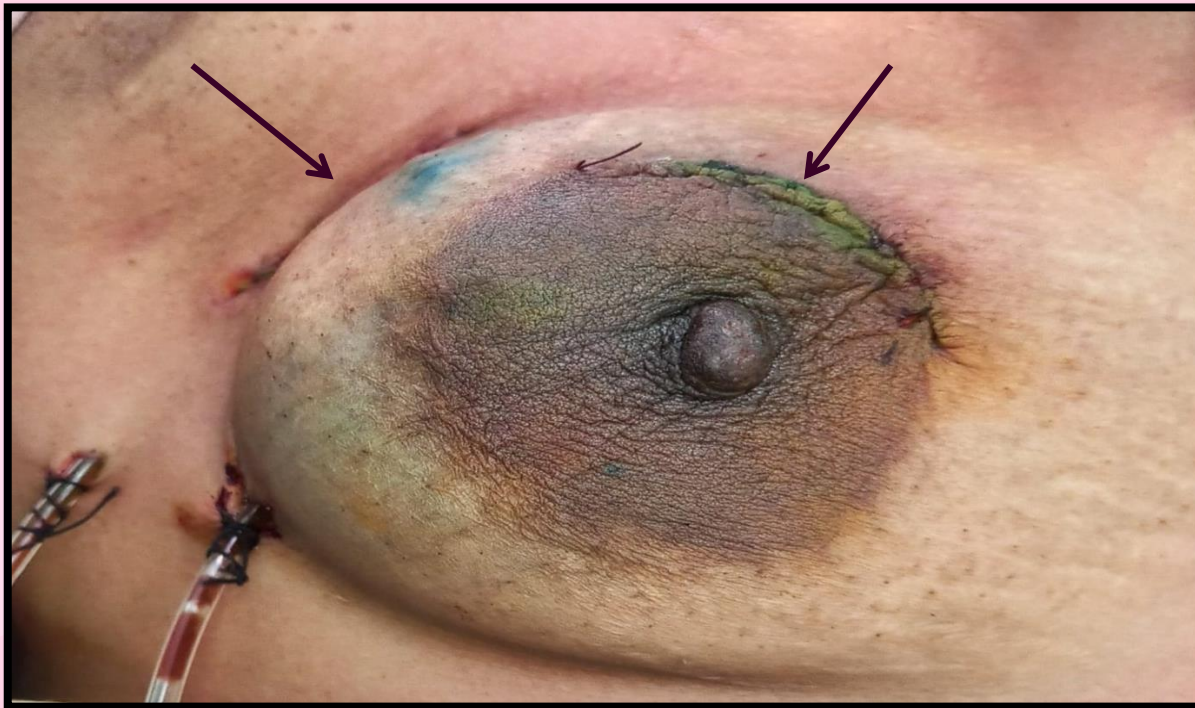
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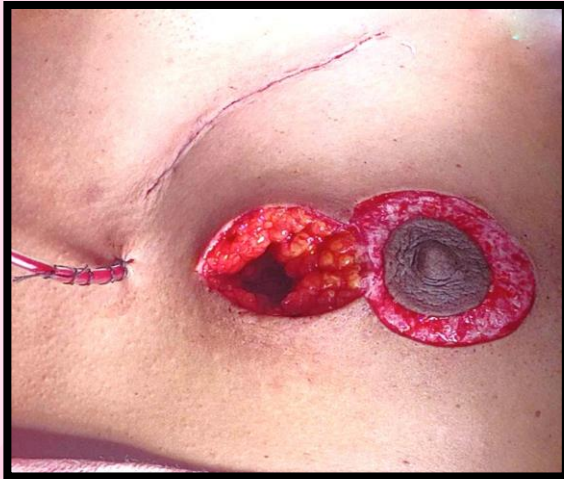
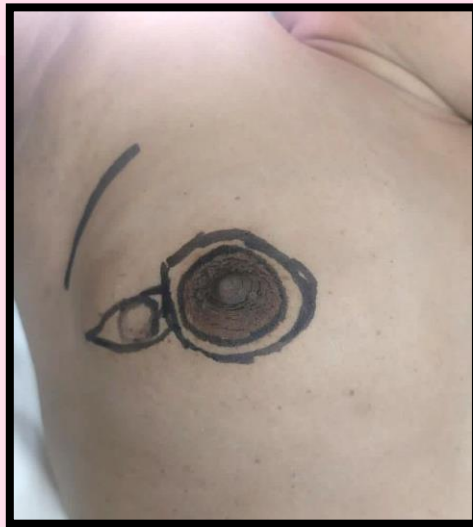
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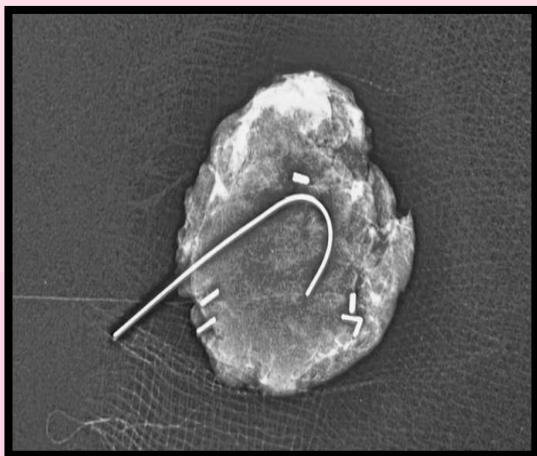
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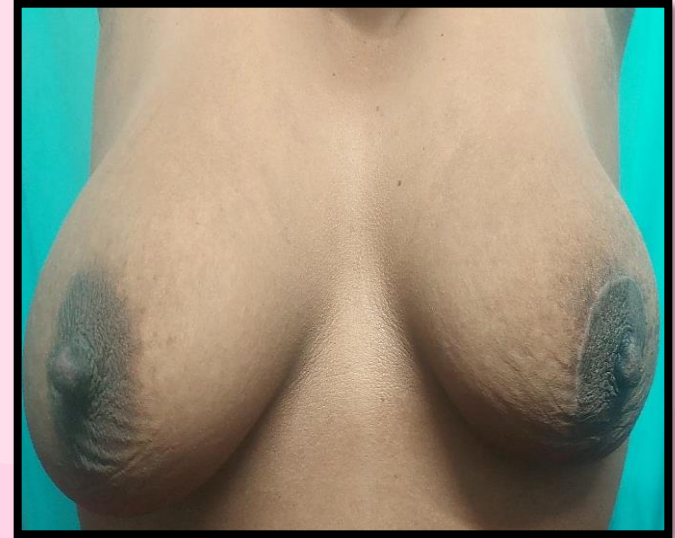
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Round Block Technique

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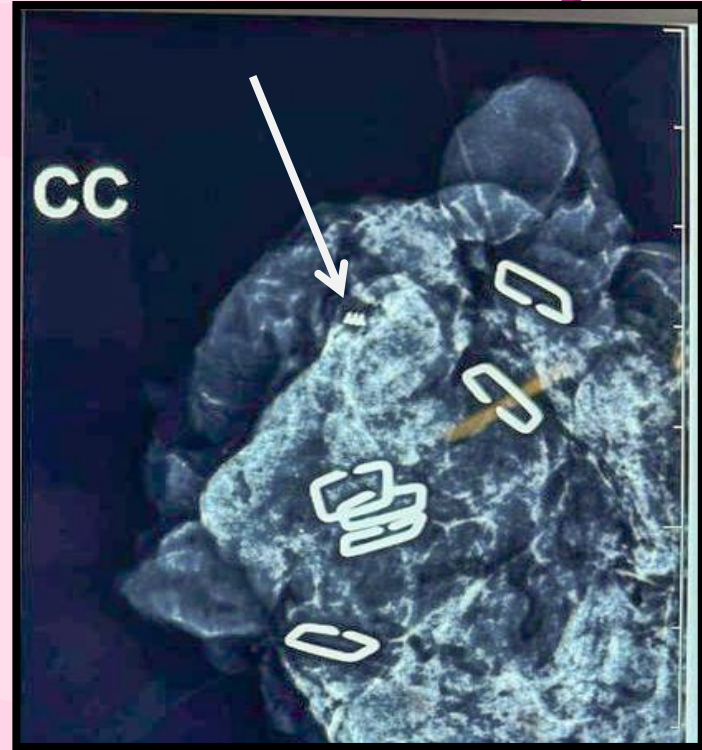
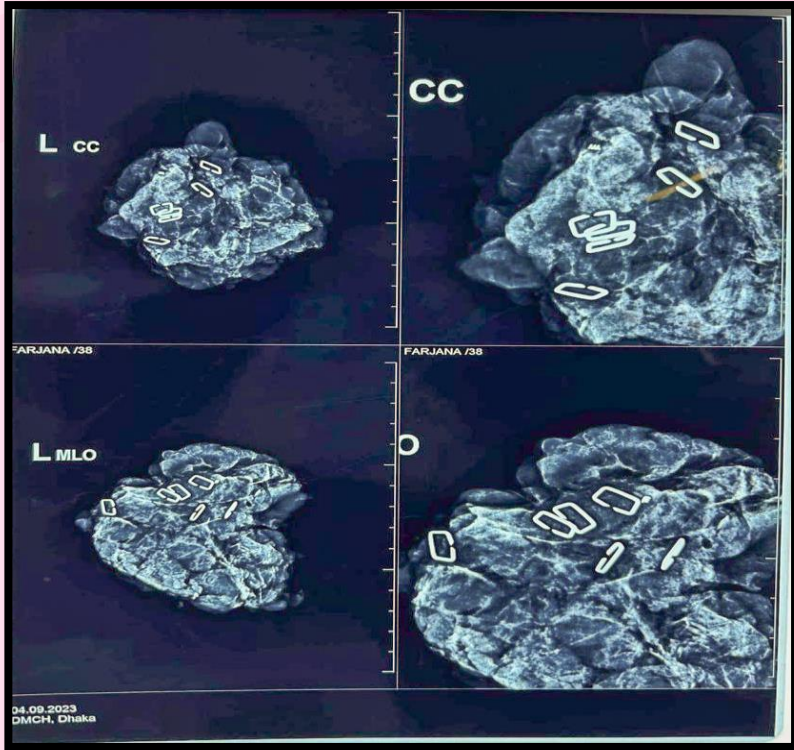
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Technique

Grissotti
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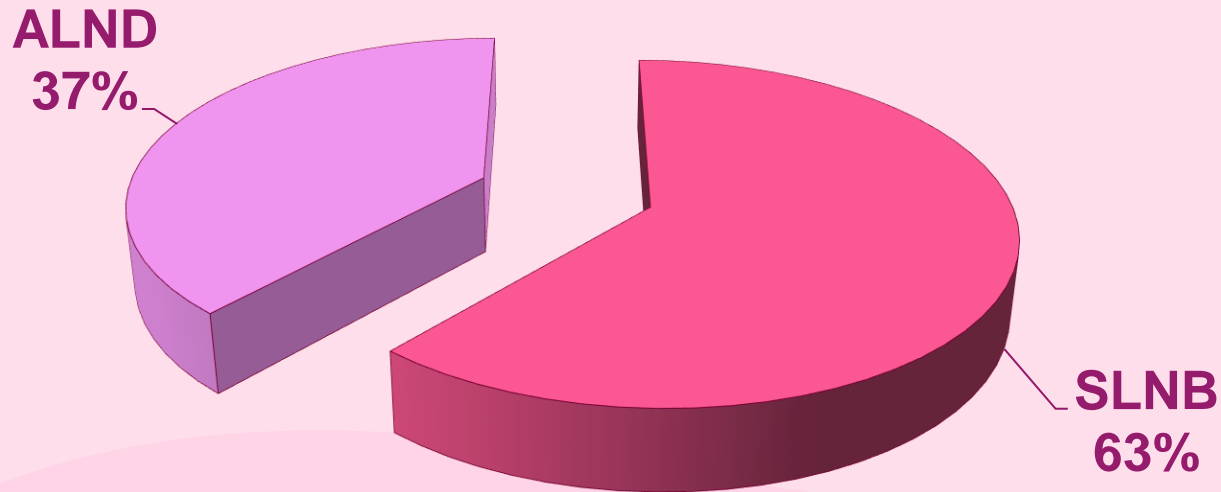
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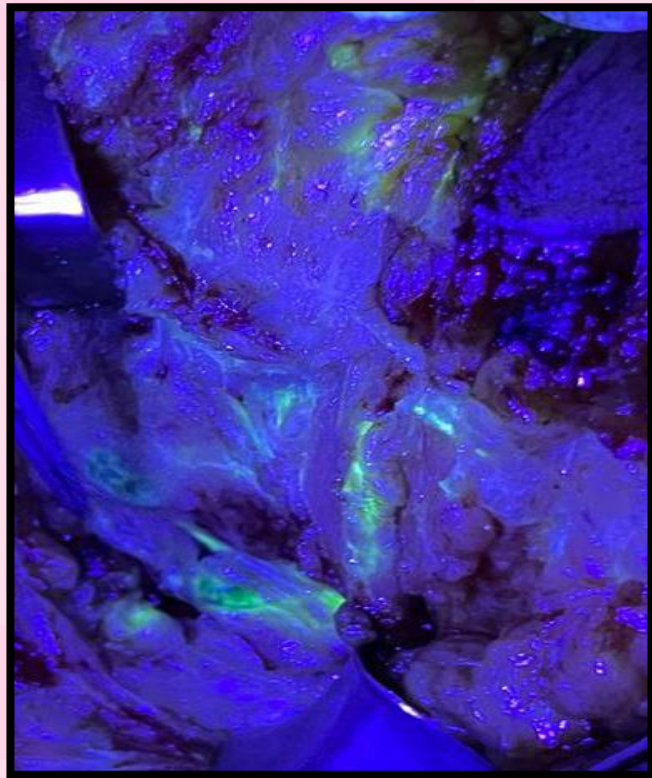
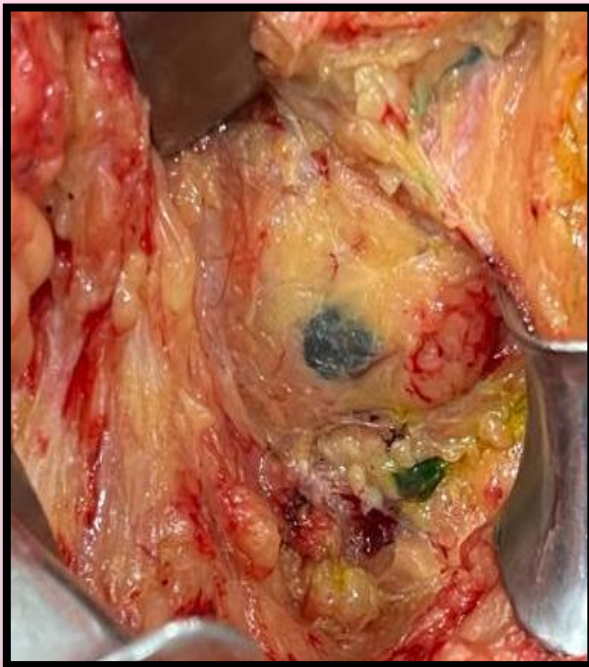
Inferior
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Surgery in Axilla





Challenges



- Lack of investigating tools like MRI Breast, availability of Hydromarker, fine wire for wire localization, limited availability of frozen section biopsy in Govt. setting
- Absence of adequate Radiotherapy machines sp for breast cancer in Govt. setup even in the capital

Challenges (contd..)

- Financial constraints of most of the patients to afford Radiotherapy privately
- Lack of patient education and awareness to be motivated for BCS
- Stigma of cancer return after BCS
- Patient burden other than breast cancer, longer operating time, limited operating table, etc

Conclusion



BCS and OPBS provides better cosmesis along with oncological safety if patients get proper treatment and have completed all modalities of management in time. With all the challenges we are facing, if Govt. provide required facilities for breast cancer management, we can step forward shoulder to shoulder with the outside world in near future.

Acknowledgement



- Department of Surgery, Dhaka Medical College Hospital
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- Department of Anaesthesia, DMCH

Thank
You