



PROGRAM & ABSTRACTS

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44.4

Multicentricity and its Influence on Conservative Breast Cancer Treatment Strategy.

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The guiding principle in local treatment of breast cancer, that the whole breast needs treatment, either by surgery alone or in combination with radiotherapy, is based on the presence of multicentricity. We studied multicentricity of breast cancer with special attention to its spatial relationship to the primary tumour.

30 breast specimens were studied using Egan's method. Briefly, the whole breast was frozen (-80°C) and cut into 5mm slices that were radiographed. Each grossly and radiographically suspicious focus was examined microscopically. Tumour radius and x, y and z co-ordinates of the tumour centre and that of each focus were measured. A focus showing hyperplasia with atypia, DCIS, IDC, LCIS or ILC was labelled as a positive lesion. Distance of each MCF from edge of tumour and percentage of total breast volume needing excision to include the farthest MCF were calculated.

A total of 667 blocks were studied. 19 cases had +ve foci. A total of 54 +ve MCF were found. There was no relationship between tumour size or nodal status and number, distance or type of MCF. We found that 15/30 patients would need excision of more than 25% of breast volume (or a quadrant) to include the farthest MCF from tumour edge. We found that while primary tumour was most common in the UOQ, MCF were scattered over all 4 quadrants. The difference between the two distributions was statistically significant (p=.02). Thus, our analyses revealed wide distribution of MCF in breast. Since most recurrences seen in large conservative surgery trials have occurred near primary tumour, our results suggest that MCF are probably not the cause of recurrences and 1) achieving microscopically free surgical margins and 2) delivery of external RT to treat MCF in the remaining breast might be both unnecessary. This could form the basis of a clinical trial to test whether giving RT to only the quadrant of primary tumour makes a difference in the incidence of local recurrence.

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Mastectomy with Immediate breast reconstruction with Latissimus Dorsi flap only: Tata Memorial Hospital Experience.

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The value of immediate breast reconstruction after a mastectomy for breast cancer requires no emphasis. The high cost has been the main deterrent in India for use of silicone implant; autologous tissue transposition seemed more appropriate. We used Latissimus dorsi muscle without a silicone implant in 49 suitable and desirous patients. The patients who had operable breast cancer and were not suitable or not desirous of conservative surgery were offered the option of reconstruction. Women of medium built with non-pendulous breasts and a reasonable amount of fat over the Latissimus dorsi muscle were selected. In locally advanced breast cancer patients treated with neoadjuvant chemotherapy who had large defects after mastectomy, the main aim was cover with vascular tissue for timely radiotherapy. The average age was 35 yrs. Sixty-five per cent were premenopausal. Whole of the Latissimus dorsi muscle was used along with a moderate amount of subcutaneous fat. The mean operation time was 3 hours. The initial complication rate of 20% dropped to less than 1% in the later period. The mean hospital stay was 7days. There was no delay in institution of adjuvant chemotherapy or radiotherapy. The high incidence of breakdown of posterior wound reduced to less than 5%, after reducing the width of the skin paddle to a max. of 6cm. Results were excellent in 35%, good in 50%. 15% patients required a small padding to achieve symmetry. In 85% of patients, the defect of mastectomy could not be discerned after wearing routine clothes: this being the objective of the reconstruction. The accrual rate of patients increased after they met with earlier patients or were shown their photographs.

Immediate reconstruction with autologous Latissimus dorsi muscle is an easy, expeditious and low-cost method to restore satisfactorily, the body image in Indian women.

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