

# EVALUATION OF POST-SURGICAL COMPLICATIONS IN ONCOPLASTIC BREAST SURGERY AT A SINGLE TERTIARY CENTER

Xuanji Wang MD<sup>1</sup>, Anne Erickson MD<sup>1</sup>, Mary Varsanik BS<sup>3</sup>, Christian Renz BS<sup>3</sup>, Western Terasse BS<sup>3</sup>, Lauren Martin APN<sup>1</sup>, Eleanor Bucholz MD<sup>2</sup>, Constantine Godellas MD<sup>1</sup>, Darl Vandevender MD<sup>2</sup>, Faaiza Vaince MD<sup>1</sup> 1. Loyola University Medical Center Department of Surgical Oncology 2. Loyola University Medical Center Department of Plastics and Reconstructive Surgery 3. Loyola University Stritch School of Medicine

## Intro

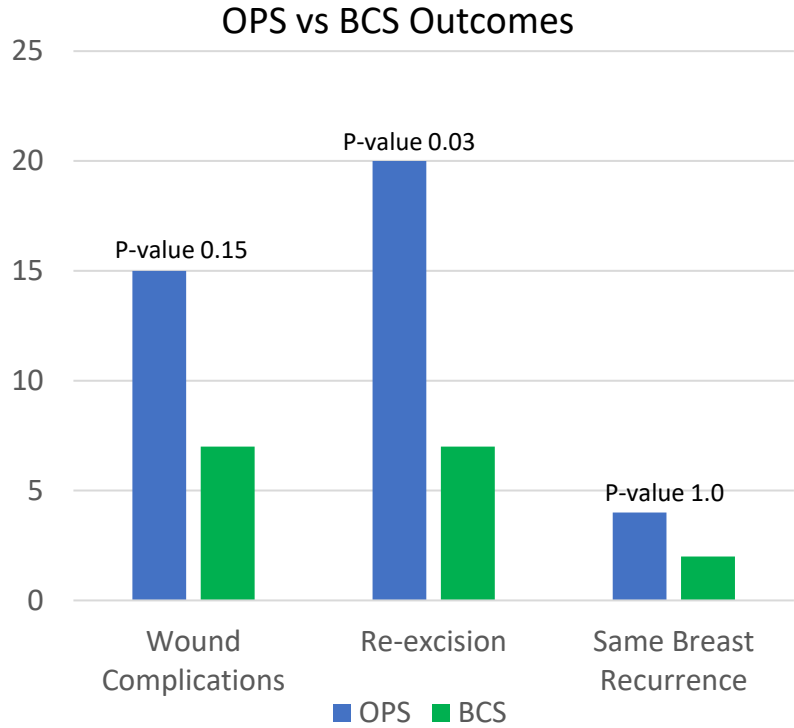
- Oncoplastic Breast Conservation Surgery (OPS) is an oncologically safe alternative to traditional Breast Conservation Surgery (BCS) in breast cancer patients for those seeking improved cosmetic outcomes.
- 30-40% of BCS patients are dissatisfied with cosmetic outcomes
- Outcomes are affected by surgical approach, habitus, comorbidities, adjuvant therapy, location, volume excised
- Cohorts who underwent OPS vs BCs are compared in this analysis in regards to demographics, pathology, post-operative complications, and re-excision rates

## Patient Characteristics

Oncoplastic N=83	Traditional N=82	P-value	MVR
57yo avg	62yo avg	<0.01	<0.01
6% smokers	17% smokers	0.05	0.07
87% ER+	70% ER+	0.03	0.74
82% PR+	57% PR+	<0.01	0.12
25% HER2+	15% HER2+	0.19	
19% with TIS	7% with TIS	<0.04	

## Methods

- IRB approved single academic center retrospective study
- 165 patients b/w 2015-2020
- T-test, chi-squared, multivariable regression



## Results

- OPS cohort was younger, more likely ER/PR/HER2+.
- (Neo)adjuvant therapy practice and tumor size comparable between the two groups
- Carcinoma in-situ patients more likely to undergo OPS
- Stage I more likely to receive BCS vs OPS
- OPS had more wound complications (16% vs 7% - p 0.15) and re-excisions (20% vs 7% - p 0.03), - Difference in re-excisions not significant with MVR (0.09).

## Discussion

- Our OPS cohort had more wound complications and re-excisions. However, re-excisions in the OPS group were primarily due to contralateral mammoplasty, mammoplasty revision, or fat necrosis excision. Oncologic re-excisions rates were comparable.
- Patient selection skewed towards younger, non-smoking, ER/PR+, in-situ pathology, and multi-centric disease for OPS patients.
- Study is limited, Single center, retrospective
- OPS is an oncologically safe technique that could increase patient satisfaction outcomes.
- Follow up studies could evaluate OPS recurrence rates, address potential adjuvant therapy delay, and assess patient satisfaction.

## OPS vs BCS Outcomes

Oncoplastic	Traditional	P-value	MVR
16% wound complications	7% wound complications	0.15	0.32
20% re-excision	7% re-excision	0.03	0.09
4% same breast recurrence	2% same breast recurrence	1.0	