Breast Cancer Surgery and Breast Reconstruction:

WHAT THE OPTIONS ARE, WHAT YOUR PATIENTS NEED TO KNOW

Supplement 1 to Volume 75, March 2008

Supplement Editor

RISAL DJOHAN, MD Department of Plastic Surgery Cleveland Clinic

Associate Editors

JAMES E. ZINS, MD Chairman, Department of Plastic Surgery Cleveland Clinic DAVID K. ROLSTON, MD
Department of General
Internal Medicine
Cleveland Clinic

ROBERT HERMANN, MD
Department of General
Surgery (Emeritus)
Cleveland Clinic

Contents

and diagnosis	<u>'</u>
Overview of breast cancer staging and surgical treatment options)
Breast reconstruction options following mastectomy	,
Reconstruction options following breast conservation therapy	ļ
Options and considerations in the timing of breast reconstruction after mastectomy)

Acknowledgment

This supplement was supported by an educational grant from Allergan, Inc.

From the editor

With advances in breast cancer screening and awareness, breast cancers are now detected at earlier stages and in younger women. These trends, together with recent advances in surgical treatments for breast cancer and reconstructive procedures, make breast reconstruction an option clearly worth considering for many women with breast cancer.

This supplement was conceived to make primary care physicians, general surgeons, and other physicians not directly involved in breast reconstruction aware of the many reconstructive options available to women with breast cancer today. Our aim is to help these physicians better counsel their patients with breast cancer about these options early in treatment planning so that patients can make informed and individualized choices in the interest of both their long-term health and their quality of life.

We begin with an overview of breast cancer screening and diagnosis and proceed to a review of current surgical options for treatment of breast cancer. We then survey key issues to consider in breast reconstruction following mastectomy and following breast conservation therapy, as well as special considerations surrounding the timing of reconstruction.

Our approach is nontechnical, as our aim is to help physicians who are not breast surgeons better counsel their patients about what breast reconstruction involves and its associated benefits and risks.

> Risal Djohan, MD djohanr@ccf.org

Author financial conflict-of-interest disclosures appear within the authors' respective articles.

The supplement editors gratefully acknowledge Dennis C. Hammond, MD, Center for Breast and Body Contouring, Grand Rapids, MI, for reviewing manuscripts for this supplement.

Copyright © 2008 The Cleveland Clinic Foundation. All rights reserved.

The statements and opinions expressed in this supplement to the Cleveland Clinic Journal of Medicine are those of the authors and not necessarily of the Cleveland Clinic Foundation, its Board of Trustees, or Allergan, Inc. They do not necessarily represent formal practice guidelines in effect at Cleveland Clinic.

The Cleveland Clinic Journal of Medicine [ISSN 0891-1150 (print), ISSN 1939-2869 (online)] is published 12 times yearly by the Cleveland Clinic Foundation. Subscription rates: U.S. and possessions: personal \$108; institutional \$134; single

copy/back issue \$20. Foreign: \$134; single copy/back issue \$20. Institutional (multiple-reader) rate applies to libraries, schools, hospitals, and federal, commercial, and private organizations. Individual subscriptions must be in the names of and paid by individuals.

Postmaster address changes: Cleveland Clinic Journal of Medicine, NA32, 9500 Euclid Avenue, Cleveland, OH 44195. Subscription orders, editorial, reprint, and production offices (same address): (216) 444-2661 (phone); (216) 444-9385 (fax); ccjm@ccf.org (e-mail); www.ccjm.org (Web).

Printed in USA.

AMP