Oncoplastic surgery is a new technique that combines oncologic and plastic surgery principles in the same procedure to both remove the tumor and allow for a better cosmetic result in breast cancer surgery. Historically, women were commonly left feeling deformed after a standard lumpectomy for breast cancer. When the breast cancer is removed and no reconstruction is done, women are left with an indent or empty space. Oncoplastic surgery removes the cancer and simultaneously fills the space with remaining breast tissue, preventing undue deformity of the breast; helping patients to remain feeling “whole” after cancer treatment is complete.

This technique often allows for larger margins around the tumor, which is usually a concern with standard breast conservation surgery. Hoag’s re-excision rate for clear surgical margins with oncoplastic surgery is significantly lower than the national average. Oncoplastic breast conservation is a win-win combination. The tumor is removed with larger margins around the cancer, and patients are able to feel and look better.
WHO IS A CANDIDATE for Oncoplastic Surgery?

Oncoplastic surgery can be performed in tandem with a lumpectomy in most cases of breast cancer less than 5cm. It can also be performed in lieu of a mastectomy when a tumor is exceptionally large. This is called “extreme oncoplasty,” and was pioneered at Hoag. In both cases, oncplastic surgery allows for breast conserving surgery with an excellent cosmetic outcome, and is done as a single outpatient procedure.

At Hoag, breast cancer patients meet with a multidisciplinary team of specialists including – a breast surgical oncologist, reconstructive plastic surgeon, medical oncologist and radiation oncologist.

Additionally, Hoag’s expert medical staff is complemented by a highly trained team of oncology nurses and nurse navigators to help guide you through your treatment.

Diagnostic evaluation varies based on the patient but usually includes Tomosynthesis (3D Mammogram) mammography, breast ultrasound, breast MRI, and a PET-CT in more advanced cases.

Most patients will also require radiation therapy with breast conserving surgery or “lumpectomy.” Some early cancers may qualify for Intraoperative Therapy (IORT), which is a single dose of radiation therapy given during surgery. With IORT, there is no need to return for six weeks of daily radiation therapy treatments. It is all done during a single operative procedure.
WHAT ARE THE BENEFITS of Oncoplastic Surgery?

1. Oncoplastic surgery allows for the breast to be conserved while eliminating the defect often left in the breast during standard lumpectomy. Many of our patients feel that their breasts look the same or better after oncoplastic reconstruction. The patient’s own breast is lifted and rearranged to recreate a new, more youthful breast shape. The procedure is similar to a breast reduction, but the part of the breast removed is tailored to best treat the area of the cancer.

2. Following surgery, patients can resume life feeling “normal” again, avoiding the sense of deep personal loss that commonly results from a mastectomy. The surgery also leaves little to no sensory loss, so patients feel virtually the same physically. Recovery is usually only a couple of weeks, compared to several months with mastectomy and reconstruction. Surgery is often done in an outpatient setting and most patients can go home the same day.

3. Additionally, avoiding introduction of a foreign body (as would be the case with a mastectomy and implant reconstruction) reduces the potential for infection. Radiation therapy is far kinder to native breast tissue as there is no implant around which can form hard, painful scar tissue. Oncoplastic surgery combined with breast radiation yields survival rates equal to that of mastectomy.

4. Since most oncoplastic surgeries are performed as an outpatient procedure, the need for an extended hospital stay is eliminated. Most patients do not require drains. Moreover, a single oncoplastic resection is generally the only surgery required. The goal is to go to the operating room one time, completely remove the cancer, and get an excellent cosmetic result.

Overall, breast conservation using oncoplastic surgery produces a better quality of life and increased satisfaction for breast cancer patients.
Choosing the best treatment option is an important decision that no patient should navigate alone. Women should seek treatment at a center that offers the best surgical options enabling them to make an informed decision — Hoag is one such center. We specialize in oncoplastic surgery and have dedicated nurse navigators that help patients throughout their treatment course.

Hoag offers a wide range of breast cancer treatments, and your physicians will help you determine the right option for you. Women have a choice, and mastectomy is only one of multiple options. Hoag’s breast care team will be there to support and guide you every step of the way.

We encourage women to seek a second opinion to see if oncoplastic surgery is right for them.
Melvin J. Silverstein, MD, FACS
Medical Director, Hoag Breast Center
Gross Family Foundation Endowed Chair in Oncoplastic Breast Surgery
Oncoplastic Breast Surgeon

Melvin J. Silverstein, MD, FACS is the medical director of Hoag Breast Center and the Gross Family Foundation Endowed Chair in Oncoplastic Breast Surgery. He was one of the first surgeons to perform oncoplastic surgery in the United States approximately, 30 years ago, and continues to be an innovator in the field. Dr. Silverstein is a professor of clinical surgery at the Keck School of Medicine of USC. Previously, Dr. Silverstein founded The Breast Center in Van Nuys, California in 1979 and served as its medical director and senior surgical oncologist until 1998 when he became a professor of surgery at USC. The Van Nuys Breast Center was the first freestanding breast center in the United States and it served as a model for breast center design, development and operation throughout the world.

Sadia Khan, DO, FACOS, FACS
Program Advisor, Hoag Breast Center
Oncoplastic Breast Surgeon

Dr. Sadia Khan is a fellowship-trained breast specialist and board certified general surgeon at Hoag Breast Center. She serves as program advisor for Hoag breast surgical services and as an assistant professor of clinical surgery at Keck School of Medicine of USC, where she is involved in training the next generation of breast surgeons. Dr. Khan completed the USC Breast Fellowship Program where she received additional oncoplastic surgery training by Dr. Melvin Silverstein. She has extensive expertise in oncoplastic breast surgery, skin and nipple sparing mastectomy, intraoperative radiation therapy, and young and high-risk women. Dr. Khan specializes in providing comprehensive and compassionate care for patients with all breast diseases.

Nirav Savalia, MD
Program Director, Oncoplastic and Aesthetic Breast Surgery, Hoag Breast Center
Aesthetic & Reconstructive Plastic Surgeon

Nirav Savalia, MD, is the program director for Oncoplastic and Aesthetic Breast Surgery of Hoag Breast Center. He has pioneered many new oncoplastic surgery techniques for immediate breast reconstruction. He uses principles of aesthetic breast surgery, a deep understanding of breast anatomy, and an artistic eye to restore appearance and functionality following a breast cancer diagnosis. Dr. Savalia is board certified in plastic surgery, and trained in cosmetic surgery, and is currently an assistant professor of clinical surgery at Keck School of Medicine of USC. He teaches the next generation of oncoplastic surgeons in the latest techniques during their fellowship training at Hoag.
Hoag is the leader in oncoplastic breast-conserving surgery in the United States. Hoag’s surgical team is led by Dr. Melvin Silverstein, Gross Family Foundation Endowed Chair in Oncoplastic Breast Surgery and the pioneer of oncoplastic breast surgery; Dr. Sadia Khan, fellowship-trained breast surgeon specializing in oncoplastic surgery; and Dr. Nirav Savalia, a leading authority on oncoplastic reconstruction.

The Hoag Breast Program is one of a few programs nationwide to perform oncoplastic surgery. Our re-excision rate for clear surgical margins with oncoplastic surgery is significantly lower than the national average.