Choosing the most appropriate (optimal) breast cancer operation is a great challenge for a contemporary surgeon. Development of a new paradigm has taken place due to the evolution of knowledge in cancer biology, new effective therapies (surgery, radiotherapy and a systemic, chemo- and hormone therapy) as well as the new tendency towards the improvement of the quality of life of cancer patients. In this paper, criteria have been established for estimating the value of a breast cancer surgery for any particular patient. Breast cancer operation should be secure from the point of oncology, acceptable from the aspect of aesthetics and functionality, and effective in terms of the use of medical and financial resources. We conducted an analysis of the evolution of our own experience in breast cancer surgery and the path of development from 1996 to 2002. By introducing new oncoplastic concept of immediate reconfiguring of the breast after partial or total mastectomy in everyday work, we have achieved local disease control and good aesthetic results, symmetry and patients' satisfaction with their body image after cancer surgery. Application of neoadjuvant chemotherapy in patients with primary local advance disease can improve quality of life as well as achieve good oncological and aesthetic result. Avoidance of axillary dissection is possible in node negative patients by performing sentinel node biopsy. It is very important to have in mind patient's quality of life in all breast cancer surgery, and to adjust surgical plans to each particular situation.

Criteria for selecting optimum breast cancer surgery

KEYWORDS: Breast Neoplasms; Surgery; Quality of life

Conserving or primary reconstructive breast cancer surgical treatment: Medical and cosmetic results

Since the introduction of the conserving breast cancer surgical interventions by Veronessi in 1974, there have been medical and cosmetic dilemmas in the treatment outcome related to modified radical mastectomies. Our aim was to compare these two methods regarding indications, operative and post-operative treatment, and the final medical-oncological and cosmetic effects. We have concluded that is more simple, and economically justifiable to decide for the conserving, not reconstructive surgical treatment, in accurately established indications in the breast tumor when relation between the tumor and the breast size enables correct surgical treatment with satisfying cosmetic results. Medical-oncological and cosmetic results in the further course of the disease are equal in both approaches. In the cases when the tumor is greater than T1, or when T1 size is unfavorable in relation to the breast size, it is more correct to choose reconstructive surgical intervention.