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## Preface

*Non enim vivere bonum est, sed bene vivere*  
It is not well living, but living well.

Seneca

The unprecedented progress that breast surgery has experienced in the past century has led to a radical change of paradigms. It is no longer possible to dissociate esthetic and oncology surgery. This interdisciplinary and translational feature represents a new stage for both breast surgery and plastic surgery all over the world.

Breast surgeons must have thorough knowledge of the existing concepts in plastic surgery of the breast, as a plastic surgeon who regularly performs breast reconstruction procedures must also be familiar with oncologic principles of breast cancer surgery and keep up to date with developments in chemotherapy, hormonotherapy, radiotherapy, and monoclonal therapies which will influence surgical decisions. Many results considered unsatisfactory in reconstructive surgical procedures in the past are due to this lack of interdisciplinary understanding. Good reconstruction depends on choosing the technique that is most suitable for each patient's esthetic-functional condition and for the oncologic and clinical factors involved. It all begins with a well-performed and properly balanced oncologic surgical procedure—radical where it needs to be, but conservative and carefully performed in order to preserve breast tissue that will improve the patient's quality of life while maintaining local control of disease.

Nevertheless, most breast cancer surgical procedures do not follow oncoplastic standards, and so patients still experience mutilation resulting from mastectomy without immediate reconstruction. It is important not simply to preserve life but also to preserve a good quality of life and to understand women in a holistic manner. The breast represents more than just its shape or function during the breast-feeding period. It is the true feminine identity itself, which goes through a period of great conflict when cancer is diagnosed. Surgery is a difficult and traumatic event that will affect one in every eight women, and it places breast cancer at the center of public health measures all over the world.

The scope of this book, with its 49 chapters written by renowned and experienced authors, is new. It approaches oncoplastic and reconstructive breast cancer surgery from the viewpoints of the fundamentals of molecular biology and breast anatomy, the basics of diagnosis and clinical therapeutics, ethics and bioethics, clinical oncology, psychology, and quality of life, evaluation of esthetic outcomes, and oncoplastic and reconstructive techniques, which are described in detail. There is also an accompanying website where one can view videos of surgical procedures conducted by the Plastic Surgery Division of the European Institute of Oncology in Milan (Italy), and from Hospital Nossa Senhora das Graças (HNSG) Breast Unit in Curitiba (Brazil). The various surgical techniques are clearly explained and demonstrated. By such an approach, we aim to link oncologic surgical principles with esthetic-functional and reconstructive ones, which were in opposition for many decades. The radical approach of the past is now obsolete, with the utmost effectiveness obtained with minimal mutilation. More conservative breast surgical

procedures, less radical mastectomies, preservation of the axilla with the sentinel lymph node technique, less aggressive techniques (such as recently developed intraoperative radiotherapy), individualized chemotherapy and target therapies through predictive factors, and more accurate prognoses are all achievements associated with the development of reconstructive techniques that are more efficient but less traumatic. They are what is today an inseparable oncologic-reconstructive-aesthetic-functional combination.

The patient, who is seen in a holistic way, doubtlessly enjoys the great benefit of this change in paradigms: physically, psychologically, and spiritually. It was exactly by bearing this thoroughness in mind that the present work was designed, dedicated to all the professionals involved in breast health care and especially to surgeons. We would like to thank all the authors and colleagues who kindly and selflessly helped with the chapters, and especially Jim Hurley II, a dear friend and a skilled oncoplastic surgeon from Chambersburg (USA), for his final review of the English. We also sincerely thank and acknowledge Umberto Veronesi and Jean-Yves Petit, who have dedicated a great deal of their lifetime to patients with breast cancer and therefore have allowed women all over the world to benefit from their creativity and scientific knowledge.

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