

4th International Conference on

Obstetrics and Gynecology

November 14-15, 2019 | Singapore

Improving treatment options and quality of life in breast cancer survivors: International data from fertility preserving options in breast cancer survivors and conservative interventions

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Breast cancer is the most frequent cancer among women. The emphasis on fertility preservation, quality of life and breast-cosmesis related issues have challenged in the last years the Subspecialty of Reproductive Endocrinology and Assisted Reproduction, as well as breast cancer surgery. Fertility preservation before gonadotoxic treatments has motivated scientific community to introduce fertility counselling in breast cancer treatment options. The need for breast conserving surgery, as well as the effort to obtain better cosmesis after surgery has leaded breast surgeons to develop oncoplastic breast conserving surgery. Oncoplastic techniques combine oncologic surgery with plastic surgery techniques. Main objective remains oncologic safety.

Established goals of OPS are to broaden indications of breast conservation towards larger tumors by improving aesthetic outcomes. There is a growing demand to standardize various aspects of OPS for implementation into clinical practice. Current evidence on OPS is based on poorly designed and underpowered studies. Research efforts should focus on Level I evidence assessing oncological and aesthetic outcomes of OPS and obtained survival rates. Fertility preservation must be offered in all young breast cancer patients. Ovarian stimulation protocols vary according to the ER status and the disease stage and biological behavior. Treatment options must be personalized and selected case by case.

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