

DOI: 10.29289/259453942019V29S1CP04

# GEOMETRIC COMPENSATION TECHNIQUE FOR BREAST CONSERVATIVE TREATMENT: EXPANDING THE INDICATIONS AND COSMETIC EVALUATION

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**Background:** Conservative breast surgery (CBS) associated with radiotherapy presents survival rates similar to mastectomy. The geometric compensation technique (GCT) is an oncologically alternative CBS for the patients who initially presented unfavorable results, with few studies have evaluated cosmesis and for long follow. **Objective:** To evaluate the indication, safety and cosmesis associated with GCT. **Methodology:** Ethics Committee approval 1594/2018. A retrospective study based on the review of patient records submitted to the GCT. Data related to the clinical, sociodemographic, treatment-related and disease-related characteristics. The patients were also prospectively evaluated in a cross-sectional way, aiming to evaluate the breast cosmesis. Descriptive statistics were performed. **Results:** 28 patients with a history of breast carcinoma were submitted to CBS using GCT. Most patients had breast ptosis II and III (96%) and CUP size C and D (100%). The majority of tumors (71.4%) presented clinical stage T1 and T2 and the mean clinical size of the tumor at diagnosis was 3.5±1.7 cm. The most common histological type was invasive mammary carcinoma (25 patients, 89.3%) and Luminal B Her 2 negative (15 patients, 53.6%). CBS was performed in 26 (92.9%) patients, and two (7.1%) patients had their initial proposal modified intraoperatively for mastectomy due to trans-operative findings. All patients had free margins. The mean follow-up time was 27.5±15.4 months. In this period, no patient had local recurrence. According to BCCT core software, 14 (56%) patients had a good esthetic result, 7 (28%) were reasonable, 3 (12%) were classified as excellent and 1 patient (4%) was classified as poor. **Conclusions:** The CBS using GCT is a safe option from the oncological point of view for patients with medium breasts and ptosis, who present large tumors in relation to breast size and who initially had indication of mastectomy, but who may undergo CBS.