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Extreme oncoplasty: equivalent to other types of partial and total breast reconstruction

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Objective: This study aimed to compare extreme oncoplasty (partial breast reconstruction for tumors >5 cm or multicentric lesions) with standard oncoplasty for unicentric T1/T2 tumors, and extreme reconstruction (total breast reconstruction for tumors >5 cm or multicentric lesions) with standard reconstruction (total reconstruction for unicentric T1/T2 tumors). **Methods:** This retrospective cohort study included 917 women with breast cancer or phyllodes tumors who underwent partial or total breast reconstruction at least six months post-surgery and radiotherapy, between March 2004 and April 2024. Clinical parameters, complications, surgical techniques, local recurrence rates, and survival were evaluated from medical records. Aesthetic outcomes were assessed prospectively using the Harvard scale, Breast-Q questionnaire, and BCCT.core software after informed consent. The study was approved by ethics committee, and data were analyzed with the IBM Statistical Package for Social Sciences (SPSS) software. **Results:** Among patients with extreme lesions, 138 (42.2%) underwent oncoplasty, compared to 386 (65.4%) in the standard group. Invasive ductal carcinoma was the most common histology (76.3%), and 8.1% had multicentric tumors. The extreme oncoplasty group required more frequent axillary clearance, neoadjuvant chemotherapy, and more complex surgical techniques than the standard oncoplasty group. Complication rates in extreme oncoplasty were similar to those in standard oncoplasty and significantly lower than in the extreme reconstruction group. Intraoperative margin evaluation was more common in extreme oncoplasty (54.7%), with similar rates of positive or close margins across groups. Mean follow-up was 81.6 months. Reconstruction procedures were fewer in the conservative groups than in the mastectomy groups. Local recurrence and overall survival rates were similar across all groups. Patients in conservative groups reported higher satisfaction with aesthetic outcomes and quality of life compared to mastectomy with reconstruction. **Conclusion:** Extreme oncoplasty is a feasible and safe option for selected patients with locally advanced or multicentric breast cancer, offering superior aesthetic outcomes, higher patients' satisfaction, and lower complication rates than total breast reconstruction with similar oncologic results.

Keywords: mastectomy; mammaplasty; breast cancer; quality of life; survival rate.