

RISK REDUCTION BREAST SURGERY- HIGH RISK PATIENT

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According to www.cancer.gov

“” Prophylactic surgery to remove both breasts (called bilateral prophylactic mastectomy) can reduce the risk of breast cancer in women who have a strong family history of breast and/or ovarian cancer, who have a deleterious (disease-causing) mutation in the BRCA1 gene or the BRCA2 gene, or who have certain breast cancer-associated mutations in other genes, such as TP53 and PTEN.

Prophylactic surgery to remove the ovaries and fallopian tubes (called bilateral prophylactic salpingo-oophorectomy) in premenopausal women can reduce the risks of breast cancer and ovarian cancer in women at very high risk of these diseases.

Women who have been diagnosed with cancer in one breast and are known to be at very high risk of breast cancer may consider having the other breast (called the contralateral breast) removed as well.

IT IS IMPOSSIBLE FOR A SURGEON TO REDUCE THE RISK TO ZERO WITH RISK REDUCTION SURGERY.

IT DOES NOT ELIMINATE THE RISK TOTALLY, IT SIGNIFICANTLY REDUCES THE RISK

Risk-reducing surgery is not considered an appropriate cancer prevention option for women who are at increased risk of breast cancer but are not at the highest risk; such women may, however, choose to use certain drugs to reduce their risk.””

The most common risk-reducing surgery is BILATERAL PROPHYLACTIC MASTECTOMY.

A NIPPLE AND AREOLA PRESERVING SKIN SAVING MASTECTOMY IS ALSO ACCEPTABLE.

**Bilateral Prophylactic Salpingo-oophorectomy Reduces
Ovarian Cancer Risk by 90%
Breast Cancer Risk by 50%**

STRONG FAMILY HISTORY, BRCA1 (+)





Bilateral Nipple and Areola Preserving Mastectomy and Immediate Reconstruction

