

Prof. Kerstin Sandelin: a 25-year experience sharing—immediate breast reconstruction after prophylactic mastectomy

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Editor's note

The 10th Shanghai Breast Reconstruction Symposium on Oct. 16–18 was a great success. Experts from the field of breast surgery shared and discussed the procedures and related technologies of breast reconstruction, the impact of breast reconstruction and adjuvant therapy, well promoting the exchange and development of breast reconstruction both at home and abroad.

During the conference, Prof. Kerstin Sandelin, from Karolinska Institute, Karolinska University Hospital, Sweden deeply impressed all the attendees with her presentation on immediate breast reconstruction after prophylactic mastectomy (*Figure 1*). Taking this opportunity, the Editorial Office of *Annals of Breast Surgery (ABS)* was honored to do an interview with Prof. Kerstin Sandelin and invited her to share her experience in breast reconstruction research. View the video to get more information (*Figure 2*).

Having been in the field of breast reconstruction for more than 20 years, Prof. Kerstin Sandelin said that patients should be taken care of from many aspects, such as surgically, psychologically and pain management. She also mentioned that they take care of patients not only diagnosed with breast cancer, but also who are at a high risk of getting breast cancer being carriers of a gene mutation and therefore undergo risk reducing breast surgery and breast reconstruction.

When it comes to the challenges, Prof. Sandelin said that challenge for breast surgeons is to improve their surgical skills, so called oncoplastic surgery. At least in her country, Sweden, tumors are about one and a half centimeter when diagnosed, thus amendable for breast conservation which is completely different in other part of the world where surgeons did still have a great mission to treat and reduce the tumor burden. Within the combination of oncological treatment including radiotherapy and immunotherapy, perhaps surgery one day will be obsolete. An example of less invasive surgery is the sentinel lymph node biopsy which



Figure 1 Prof. Kerstin Sandelin.



Figure 2 Prof. Kerstin Sandelin: a 25-year experience sharing—immediate breast reconstruction after prophylactic mastectomy (1). Available online: http://www.asvide.com/article/view/28646

clearly has reduced the morbidity in comparison to axillary lymph node dissection.

Regarding the future trends of breast reconstruction, Prof. Kerstin Sandelin holds a positive attitude due to the improvement of techniques and more attention paid to patients' outcomes, but complications and risks are expected in any surgery. So all of those things need to be discussed and probably reactivated at several sessions with the patients.

Prof. Kerstin Sandelin also shared her comments on autologous reconstruction and prosthetic reconstruction. She stated that they are two different techniques that each has its place. Breasts reconstructed with either technique will lose its sensation and have changes with age. She also shared with us her recent involvement with Swedish National Breast Cancer Registry and her interest in 3D photography, as an objective assessment of breast countour and volume as a valuable tool in all parts of oncoplastic surgery.

Expert's introduction

Prof. Kerstin Sandelin, MD, PhD, FACS, FRCS received her medical training and postgraduate education at Karolinska Institutet in Stockholm, Sweden. She is currently Senior Consultant in Breast Surgery and Professor of Surgery at Karolinska University Hospital/Karolinska Institute Stockholm. Her research interest involves breast MRI in women with diagnosed breast cancer, patient related outcome measures and management of women at high risk of breast cancer and oncoplastic breast surgery.

Interview questions

- (I) We understand you have experiences in risk-reducing mastectomies and immediate breast reconstruction. Can you give us a general picture about the treatment in your hospital?
- (II) From your 20 years' experience, what's the key when conducting immediate breast reconstruction after riskreducing mastectomies?
- (III) How do you see the future of breast reconstruction?
- (IV) Could you share with us the current challenge for breast surgeons?
- (V) What're your comments on autologous reconstruction and prosthetic reconstruction?
- (VI) Could you share with us your most recent research? Which specific questions did you want to address?

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