Results of breast conserving surgery in clinical stage I-II breast carcinoma

Sandip K. Halder

Received: 23 May 2009 / Accepted: 22 August 2009
© Association of Surgeons of India 2010

Dear Sir,

I critically read the article titled “Results of breast conserving surgery in clinical stage I-II breast carcinoma”. I congratulate the authors for their work. I would like to highlight a few points to the authors for further clarification.

1. In the title the authors mentioned that breast conserving surgery was performed in the patients with clinical stage I-II breast cancer. Subsequently, in the whole article it was not clear whether the surgeries were performed only on the basis of clinical staging or not. I'll be surprised if they were done only on the basis of clinical staging. I am interested to know what other preoperative investigations were done to confirm the diagnosis and to stage the disease.
2. I would like to know the exclusion criteria for the patients who didn't have the breast conserving surgery. It will be interesting to know what treatments were offered to them and whether there was any significant difference in the disease free survival.
3. The authors mentioned that out of 12 patients who had DCIS only four didn't have axillary lymph node dissection. I would like to know why the other 8 patients had level III axillary dissection which is not oncologically indicated.
4. I noted a discrepancy between the terminologies used in

the patients and method section. It is not clear whether the authors used the term tumorectomy for wide local excision or not. The authors didn't clarify the reasons for selection of different cases for different operations. Nowadays in most of the big centers wide local excision with or without cavity shaving is performed as a procedure of choice.

5. I do not agree to the authors' management of axilla where level III axillary dissection was done in most of the patients. Considering the morbidity associated with this procedure and the early stage of the disease without palpable nodes in most of the patients, axillary sampling or sentinel node biopsy in appropriately selected patients can save quite a lot of unnecessary morbidity. We would be interested to know the incidence of lymphoedema in this series.
6. It was quite interesting to know that breast conserving surgery was performed in an 89-year-old patient for definite indication.
7. I am keen to know whether any of the patients in this series had any reconstructive procedure or not.

We think a large series like this should include some more relevant details and clarifications before going to the press. Otherwise there is a possibility that the readers will take inappropriate message which may harm the management of the patient.

S. K. Halder
Department of Surgery,
RG Kar Medical College,
Kolkata, India

E-mail: hsandip@hotmail.com