

## **American Society of Breast Surgeons Presidential Address: Breast Cancer Surgery is Dead...or Is It?**

**Peter D. Beitsch, MD**

Dallas Breast Center, Dallas, TX

Breast cancer surgery is headed for radical changes. Genomic tumor analysis will soon replace sentinel node biopsy for prognosis and determination of systemic therapy. Primary tumor analysis will identify pathways that are driving the cancer. Neoadjuvant treatment targeting these pathways will be administered until there is no evidence of the cancer within the breast. Local/regional therapy will be dictated by the tumor genomics and may just require targeted radiation without open resection. Breast cancer surgery will become obsolete in many cases. The breast cancer surgeon must adapt. Informed breast cancer surgeons will incorporate risk assessment, tissue acquisition, genetic counseling, and survivor advocacy to continue their current leadership role. We will evolve from the breast cancer extirpative surgeon into the local–regional therapy

“director” with an even more collaborative model with our colleagues in radiation and medical oncology. Breast cancer surgeons will need to learn about targeted systemic therapy, which will be more often orally administered. This may lead to breast cancer surgeons treating with systemic targeted therapy as the medical oncology workforce reaches critically low levels. Open surgical resections will not disappear but will move toward the extremes; prophylactic nipple-sparing mastectomies will become more prevalent as genetic testing expands, as will salvage surgery for unresponsive tumors and those patients who refuse traditional therapy but accept surgical extirpation. The future will be bright for surgeons with the vision to adapt.

Presidential address video access link: <http://vimeo.com/95138064>.