# SCal-e

When managing benign fibroadenomas in young women



# Introducing Vacuum-Assisted Breast Biopsy (VABB) - A minimally invasive procedure to remove fibroadenomas<sup>1</sup>

- VABB was approved in 2002 by the FDA for removal of benign breast tumours.<sup>2</sup>
- VABB can be used to remove benign breast lesions up to 3 cm size.<sup>2</sup>
- VABB is reported to be safe as 96.8% patients with lesions
   cm, in a study, showed no residual masses on a follow-up US post resection.<sup>2</sup>

#### The technique<sup>3</sup>

- Under local anaesthesia, a probe
   (attached with a vacuum device) is
   inserted into the suspected breast area.
- The probe then draws tissue with the help of vacuum device.
- A rotational blade cuts the tissue, which is then transferred to the collection compartment.
- The probe can be rotated to collect suspicious tissue from other direction.

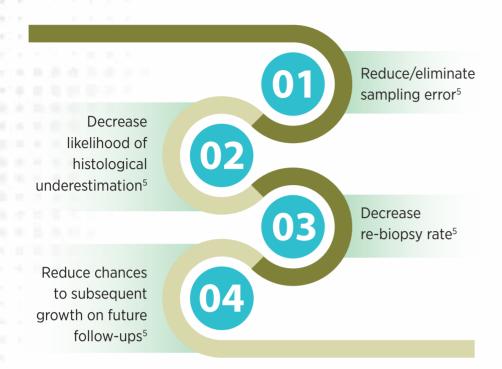
## VABB offers effective removal of benign fibroadenomas without increasing the procedure-related complications<sup>1</sup>

Parameter	VABB <sup>4</sup>	Conventional surgery <sup>4</sup>
Incision length	3 mm	3-8 cm
Scar length	3 mm	3-8 cm
Intraoperative blood loss	3.02-12.6 mL	7-70.4 mL
Operative time	19.94-26.42 minutes	26.98-42.89 minutes
Healing time	2 days	6.36-6.4 days
Residual disease	+++	+
Postoperative haematomas	+++	+ = = = =
Wound infection	+	++
Breast deformation	-	+++

VABB allows removal of benign fibroadenomas, with a shorter incision and scar length, and with lower incidence of wound infection and breast deformation.<sup>1</sup>

# Benefits of complete lesion removal with VABB

# Why offer VABB to your patients?



- Minimal cosmetic damage<sup>1</sup>;
   97% women who underwent VABB were satisfied with cosmetic post-biopsy result<sup>6</sup>
- Minimally invasive, hence gentler to the patient<sup>6</sup>
- Can be done on outpatient basis, under local anaesthesia<sup>6</sup>
- Lower costs of hospitalisation<sup>6</sup>

#### Diagnostic VABB is particularly indicated in:2

Indicated for detection of palpable or non-palpable ACR classification BI-RADS category 3 and small 4A nodular lesions.<sup>2</sup>

- Patients who may skip regular follow-ups
- Women planning to get pregnant
- Anxious patients
- Patients whose lesions increased in size during follow-ups
- Patients with subjective symptoms or pain with BI-RADS category 3–4 lesions
- Patients on whom lesions are close to the nipple, the thoracic wall, the skin, or the axillary region
- Patients with inadequate FNAC or core-needle biopsy results

### Meet the experts at Cytecare



Dr. Anthony Pais
Senior Consultant
Oncoplastic Breast Surgery
Co-founder & Clinical Director
MS (General Surgery),
FICS (Surgical Oncology)

#### Areas of special interest

- Breast Cancers
- Scarless Breast Surgery
- Breast Conservative Surgery
- Sentinel Node Biopsy
- Reduction and Augmentation Mammoplasty

With over 28 years of experience in surgical oncology, Dr. Anthony Pais is among the few breast surgeons who is also specialised in breast radiology, reading of mammograms, and early diagnosis of breast cancer. Dr. Pais has gone through special training in Breast Ultrasound and Interpreting Mammograms in Japan and the USA, and has also received training under the world-renowned breast radiologist and surgeon, Prof. Lazlo Tabar from the US. He has trained and practiced extensively in surgical oncology across several reputed Institutes including Mazumdar Shaw Cancer Center, Narayana Hrudayalaya Multispecialty Hospital, Tata Memorial Hospital, Mumbai, and KIDWAI Memorial Institute of Oncology, Bangalore.

An active member of numerous national and international organization including the Breast Surgery International, Switzerland, the American Society of Breast Diseases and International Society of Surgeons, he is a recipient of Dr. Sathyanarayana Setty Memorial Gold Medal for his work in breast cancer, and the prestigious Dr. Mahadevan's Award by the Association of Surgeons of India. An eminent academician, he has published various papers, and is credited with several presentations.



Dr. Poovamma C U
Consultant
Oncoplastic Breast Surgery
MBBS, MS (General Surgery),
Fellowship in Breast Diseases

#### **Areas of special interest**

- Oncoplastic breast conservative surgery
- Reduction and Augmentation mammoplasty
- Modified/Extended radical mastectomy
- Reconstruction surgeries
- Management of lymphoedema

Dr. Poovamma has several years of surgical experience including super-specialisation in Breast Oncoplastic Surgery. She is the first graduate of the Rajiv Gandhi University of Health Sciences (RGUHS) program for the Fellowship in Breast Diseases. Her professional experience has spanned across Mazumdar-Shaw Medical Center and Manipal Hospitals, Bangalore. Dr. Poovamma is also involved in several teaching programs, and is Faculty for Fellowship in Breast Diseases and Cancer, Rajiv Gandhi University of Health Sciences, Bangalore, and Faculty, DNB General Surgery, Directorate National Board.

Dr. Poovamma has been credited with several publications and paper presentations. She is also a member of Breast surgery International, International Society of Surgery and The Association of Breast Surgeons Of India.

#### References

- 1. Ding B, Chen D, Li X, et al. Meta-analysis of efficacy and safety between mammotome vacuum-assisted breast biopsy an open excision for benign breast tumour. Gland Surgery. 2013;2(2):69-79
- 2. Park HL, Hong J. Vacuum-assisted breast biopsy for breast cancer. Gland Surgery. 2014;3(2):120-127.
- 3. Breast cancer tests: screening, diagnosis and monitoring. Available at: http://www.breastcancer.org/symptoms/testing/types/biopsy. Accessed on 22 Nov 2017.
- 4. Clinician's experience. Data on File.
- 5. Park HL, Lim LS. The current role of vacuum-assisted breast biopsy system in breast disease. J Breast Cancer. 2011;14(1):1-7.
- 6. Eller A, Janka R, Lux M, et al. Stereotactic vacuum-assisted breast biopsy (VABB) A patients' survey. Anticancer Research. 2014;34:3831-3838.

