



Management of Breast Cancer in a Public Sector Hospital: Our Experience

Insights from Real-World Practice in a Tertiary Care Government Hospital

Aneeqa Nasir Qureshi, Zeeshan Ahmed Khan, Ahmad Humayun Asghar,
Awais Amjad Malik, Javaid Ur Rehman
Surgical Unit-IV, Services Hospital, Lahore



INTRODUCTION

Public sector hospitals in Pakistan cater to the majority of breast cancer patients, many of whom present at advanced stages due to socioeconomic and awareness barriers. Despite resource constraints, dedicated surgical teams have introduced modern oncoplastic techniques and evidence-based protocols to enhance both oncologic safety and cosmetic results. Our study reflects this evolving landscape by documenting the outcomes and challenges of breast cancer management in a tertiary care public hospital.

METHODS

All cases from May 2023 to date were included. Patient demographics, type of surgery with complications, and adjuvant or neoadjuvant treatment were all recorded.

We had done wide local excision, lumpectomies, level 2 & some level 3 mammoplasties.

Commonly used techniques were the Grisotti flap, Lateral V mammoplasty, LICAP flap, skin sparing mastectomy, and Batwing mammoplasty.

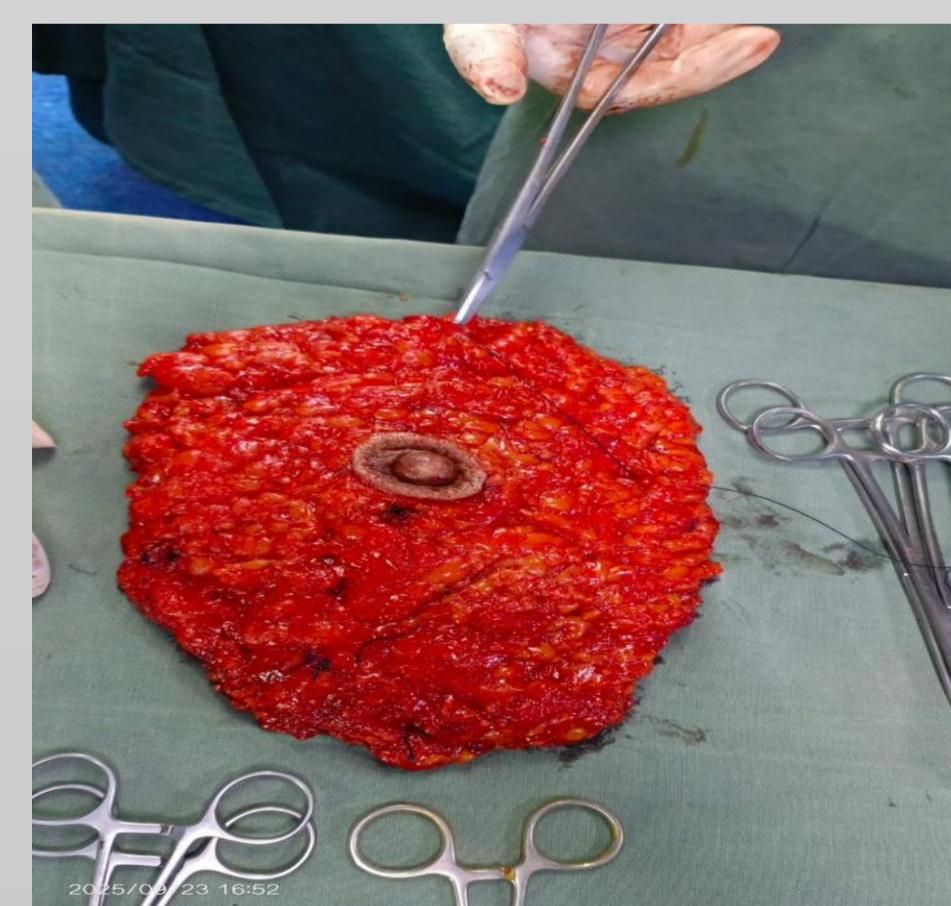
Parameters	Results
Study Duration	24 months
Total Patients	104
Median Age	39 years
Gender	Female: 102 (98%) • Male: 2 (2%)
Type of Surgery	BCS: 50 (48%) • MRM: 54 (52%)
Oncoplastic Levels (BCS)	Level I: 31 (62%) • Level II: 15 (30%) • Level III: 4 (8%)
Common Techniques	Batwing Mammoplasty • Lateral "V" Mammoplasty • Grisotti Flap
Reconstruction	3 with LD Flap • 1 with LICAP Flap
Tumor Biology	Luminal A (71%) • Triple Negative (17%)
Stage at Presentation	Stage III most frequent (54%)
Timing of Surgery	Upfront: 40% • Post-Neoadjuvant: 60%



V MAMMOPLASTY

BATWING MAMMOPLASTY

GRISOTTI FLAP



MRM SPEC.

SKIN SPARING MASTECTOMY

LD FLAP RECONSTRUCTION

TRAM FLAP

LICAP FLAP

CONCLUSION

Our experience highlights that excellent breast cancer care can be delivered even in public sector settings through structured multidisciplinary teamwork and oncoplastic integration. However, the establishment of dedicated breast units in public hospitals is essential to ensure timely diagnosis, standardized treatment protocols, and improved oncologic and aesthetic outcomes.