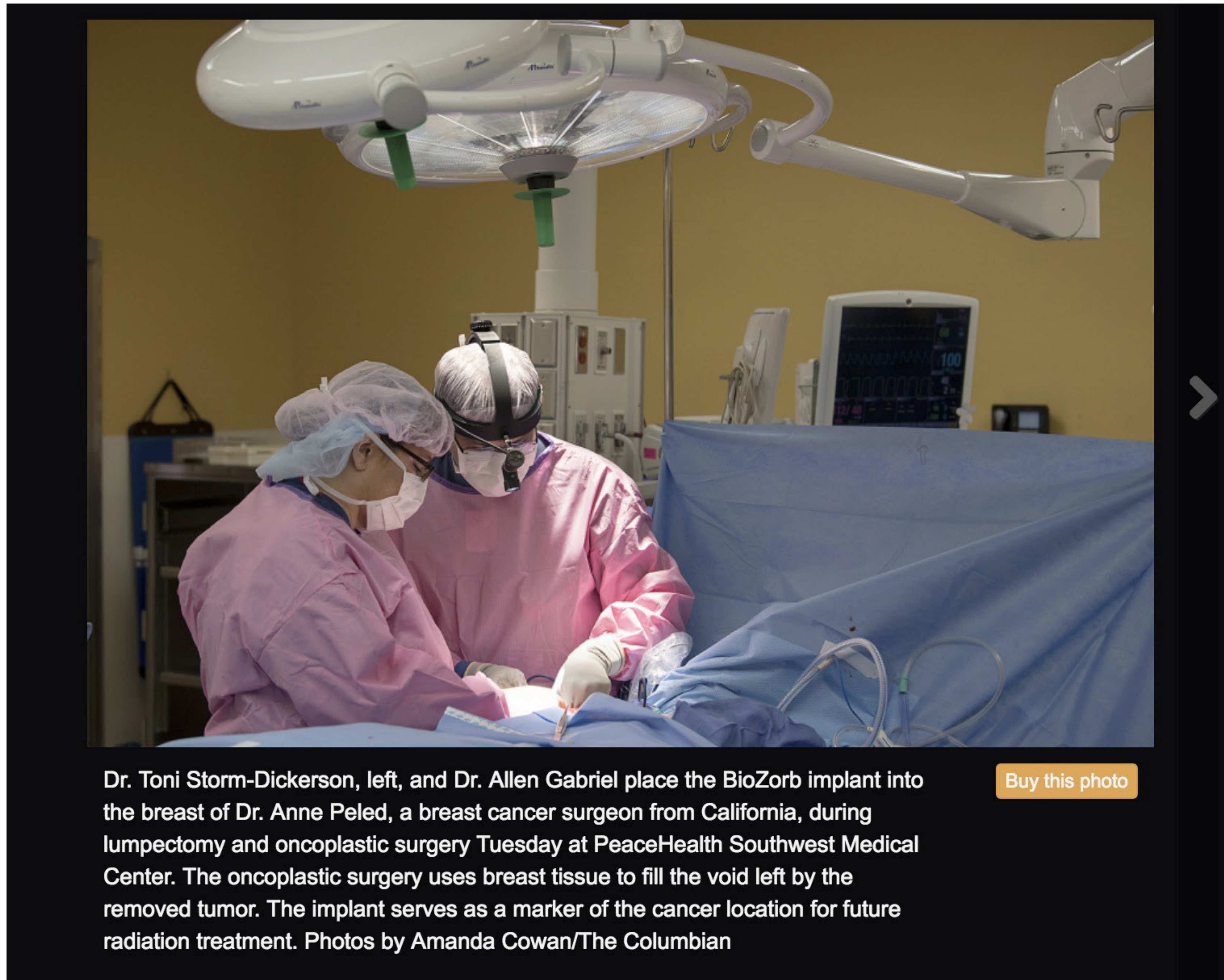


Breast cancer surgeon diagnosed with breast cancer advocates oncoplastic surgery



Dr. Toni Storm-Dickerson, left, and Dr. Allen Gabriel place the BioZorb implant into the breast of Dr. Anne Peled, a breast cancer surgeon from California, during lumpectomy and oncoplastic surgery Tuesday at PeaceHealth Southwest Medical Center. The oncoplastic surgery uses breast tissue to fill the void left by the removed tumor. The implant serves as a marker of the cancer location for future radiation treatment. Photos by Amanda Cowan/The Columbian

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By **Marissa Harshman**, Columbian Health Reporter
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Dr. Anne Peled never imaged she would be on the other side of the scalpel.

The 37-year-old breast cancer surgeon and plastic surgeon has performed lumpectomies and breast reconstruction procedures on countless women in her San Francisco practice. But on Tuesday, six weeks after receiving her own breast cancer diagnosis, Peled underwent her own lumpectomy and oncoplastic breast reconstruction at PeaceHealth Southwest Medical Center.

Her surgeons also used new technology — an implant called BioZorb — that, coupled with oncoplastic reconstruction, offers breast cancer patients better cosmetic outcomes and radiation targeting, Peled said. She uses the implant with all of her patients undergoing lumpectomies.

Peled flew to the Vancouver hospital for her surgical team: Dr. Toni Storm-Dickerson, a breast surgical oncologist, and Dr. Allen Gabriel, a plastic surgeon. She met the duo a few years ago and spent some time in Vancouver a year and a half ago observing them in the operating room.

"There was never a question that they would be my team," Peled said.

Finding a lump

Peled found a lump in her right breast during a self-exam. She thought it was a cyst and decided to watch the lump for a few weeks before making an appointment.

"It came back — really unexpected to me — as invasive breast cancer," Peled said. "I was definitely stunned."

Fortunately, Peled said, everything that followed has been good news. The cancer was caught at an early stage and is highly treatable, she said.

Peled opted for a lumpectomy, followed by three weeks of radiation. She will not need chemotherapy.

With radiation ahead, Peled knew she wanted to undergo the oncoplastic surgery she regularly performs on her own patients. Oncoplastic surgery rearranges the remaining breast tissue to eliminate the space left after cancerous breast tissue is removed.

The reconstruction is especially beneficial for women undergoing radiation after their lumpectomy, Peled said. If the void left by the breast tissue isn't filled, the radiation often causes divots in the skin, she said.

"I see women with them all the time," Peled said.

Nationally, less than 10 percent of women undergoing a lumpectomy have oncoplastic reconstruction, Peled said. That means many women are unnecessarily living with daily reminders of their breast cancer, she said.

For those who do undergo oncoplastic reconstruction, the BioZorb implant can be particularly beneficial, Peled said.

Because the reconstruction eliminates voids left by removed tissue, the radiation oncologist doesn't have a clearly identifiable target for treatment. And when surgeons make incisions with cosmetics in mind, the scars don't point to the location either.

"Those incisions are very confusing for radiation oncologists," Storm-Dickerson said.

That often means a larger area of breast tissue than necessary is exposed to radiation, Peled said. The BioZorb, however, serves as a marker, clearly identifying the spot from where cancerous tissue was removed.

"Now, they (radiation oncologists) can see exactly where that thing lies," said Storm-Dickerson, who has been using the implant in patients for a couple of years.

The implant has a clear, circular framework with several small titanium clips. The framework dissolves over time, while the clips remain. The clips serve as a permanent marker for future treatment and imaging.

Peled, for example, will need mammograms and MRIs every six months for the rest of her life. Those clips, she said, will tell doctors exactly where to look for recurrence.

"That makes me feel so much better," she said.

A new mission

Since her diagnosis, Peled has thought a lot about what she's going to do with her experience. There has to be a reason, she said, that she — a young woman, mother of three young children, vegetarian, breast cancer surgeon and triathlete — was diagnosed with cancer.

Now, she sees the purpose: to spread the word about oncoplastic surgery.

When faced with breast cancer surgery options, Peled suspects, some women steer toward mastectomies because their outcomes are more predictable cosmetically. With oncoplastic surgery, however, women can have a great cosmetic outcome without the more aggressive surgery, she said.

"We can do better than just lumpectomy," Peled said.



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