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FIRST PERSON

Body fat can build patients' breasts

Each Tuesday in this space, Miami Herald online producer Andrea Torres chronicles her experience as a breast cancer patient.

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The Miami Beach club scene is full of Playboy Playmate look-alikes with beauty secrets. About a year ago, while in the bathroom of Fontainebleau's LIV, a drunken blond with bursting cleavage asked if she could borrow my nude lip gloss.

We were both on the same vanity mirror, but she was a stranger. I rushed to hide the gloss in my golden clutch bag. I pulled out my bronzing blush and brushed it on my face and neck to create the illusion of a summer glow.

She pouted her lips and said, "I just had fat injections. Don't my lips look sexy?" My attempt to ignore her failed.

"Do you mean on your lips?" She stared at me like I was the most ignorant woman in the world. "Honey, it's the J-Lo and the Angelina Jolie look," she said. "You get fat from here and move it there."

When breast cancer survivor Patricia San Pedro recently invited me to attend a fat graft course for plastic surgeons I thought of that woman, and wondered if the fat had remained on the places she had hoped.

"Every one has unwanted fat. It's a great option for breast reconstruction," said San Pedro, who recently wrote a book about her journey, *The Cancer Dancer*. "I have implants, but if I would have had the option at the time of my reconstruction, I would have chosen this procedure."

One of the course's sessions at the Miami Breast Center in Key Biscayne was a live micro fat transfer surgery demonstration. It's a procedure that requires general anesthesia, but unlike all the other options for reconstruction and augmentation, it's noninvasive and requires minimal scarring.

"I have been operating on a lot of models," said Dr. Roger Houri, the inventor of the Brava System, a set of domes with a suction device meant to expand the breast tissue. To create a "vascular matrix" for the fat, patients should place the device on the breast area for about 10 hours a day for several weeks prior to the procedure.

Women are willing to go through the discomfort, because "it's a two-for-one deal," Houri said. He explained that with the fat-grafting procedure patients get both "the benefits of a liposuction" and "natural-feeling larger breasts."

Plastic surgeons from Japan to France watched, as Khouri marked a naked woman's thighs and abdomen before liposuction.

"They [the patients] know that their compliance [with the Brava System] is very important," said Khouri, as he roughly moved a metallic wand back and forth under the woman's skin. Fat and a pink fluid traveled from the wand, through suction tubes, and into a small sterilized transparent bag. The bags of fat were then attached to a machine that rotated them rapidly.

While the fat was being prepared for transferring, Khouri marked the breasts clockwise and connected the dots into the drawing of a net. If you "enter through multiple holes you are more likely to avoid irregularities," he noted.

Khouri used large syringes to inject the fat into the woman's breast through the markings. The woman's breast grew instantly.

"She knows that to get to a C [cup], she has to go through a D" cup, said Khouri, who presented a study at the European Society of Plastic and Reconstructive and Aesthetic Surgery (ESPRAS) meeting showing that with his technique about 76 percent of the transferred fat survived. Breast volume can later fluctuate with weight.

The technique could require about five fat-grafting procedures for patients undergoing breast reconstruction after a mastectomy. It may cost anywhere from $7,000 to $15,000. Some insurance companies cover it even though it is still in clinical trials.

Attending Khouri's course from Boynton Beach was Dr. Kinga Eva Styperek-Grohmann, who specializes in plastic surgery and breast oncology. She thinks patients considering the procedure need to do their research and make a personal decision. The American Society for Aesthetic Plastic Surgery (ASAPS) and the American Society of Plastic Surgeons (ASPS) urge consumers to proceed cautiously.

Some experts have warned that fat calcifications could interfere with mammogram results and that benign cysts derived from the transferred fat could potentially cause deformities.

"There is a very clear distinction in the breast between benign calcifications and ones that would be perceived to be malignant, and any experienced radiologist can call the difference," said Styperek-Grohmann. "That's not to say that it might not generate additional screening or even generate a biopsy."

Styperek-Grohmann said more serious concerns should arise when it comes to Adipose-derived Stem Cells (ADSCs), present in body fat, which have potent regenerative properties. Medical researchers report that it is not known whether the potential beneficial properties of ADSCs could have detrimental effects on any remaining breast cancer cells post-treatment.

"We have been doing breast reconstruction, while transferring massive amounts of fat — the TRAMS flap

is fat — for a few decades on millions of women without any evidence that putting fat on a mastectomy increases the chance of a [breast cancer] recurrence," said Khouri.

Stypere-Grohmann is not so sure, and she said she would abstain from performing the procedure on high-risk patients. A lack of clinical evidence available to document safety prevents the U.S. Food and Drug Administration from recommending it. But that isn't stopping some from believing that the procedure is destined to become mainstream.

"It is everything I had hoped for and more," said breast cancer survivor Staria Peterson, who chose to have a delayed reconstruction after a mastectomy about seven years ago. "There is no doubt in mind that this is the safest solution there is for reconstruction."

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Nice Job misspelling the first mention of Dr. Khouri

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