breast reconstructions with a satisfactory outcome when evaluated by subjective and objective analyses. In addition Matthes et al.[3] showed a profile of an Oncoplastic Training Center where under one third (27.3%) breast surgeons surveyed wished to perform oncoplastic procedures in conjunction with a plastic surgeon. However they mentioned that plastic surgeons are not available at most part of the time. That training program developed the skills of breast surgeons sufficiently to perform high level procedures. Organized oncoplastic training centers can enable breast surgeons to undertake reconstructive breast procedures without the assistance of a plastic surgeon.

In our Breast Unit there are six breast surgeons in charge of oncological and reconstructive procedures. Last year we were responsible for the diagnostic of 957 new breast cancer cases, about 18,000 visits and 2100 surgeries (29.6% mastectomies, 37% immediate breast reconstructions and 32% of oncoplastic procedures among the breast conservative treatment). In our point of view when a single trained team is dealing with both oncological and reconstructive treatment better options are found because it is more cost-benefit due to time and money which are saved.

Creating a well organized Breast Unit is not an easy task. It demands time and patience to coordinate at least the professional issues. The role of a Breast Unit is to offer the best treatment as possible for the patients. A trained surgical team with or without a plastic and reconstructive surgeon can perform the oncologic and reconstructive surgeries and so maintain the ability to offer a successful treatment, parallel to improving the patient quality of life.

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Reply to Dr. Zucca Matthes et al.

Sir,

We are honored to reply to Zucca Matthes and Costa Vieira and take advantage to clarify that our statement "*Breast Units must pursue to include plastic and reconstructive surgery experts as part of the core multidisciplinary team*"[1] does not exclude breast surgeons as potential experts in breast reconstruction. The ability to embrace both aspects of surgical treatment (oncologic and reconstructive) by one main surgeon is not only a current trend but also a need in several areas of the world. On this regard, Breast Centres Network full membership mandatory criteria state that a Breast Unit must have "*at least one reconstructive/plastic surgeon collaborating with the Unit or a breast surgeon who performs reconstruction*".[2] Integration of both disciplines in the hands of one surgeon has succeeded in many countries.[3,4] This modality is influenced by local legislations, resources and even traditions, but it ultimately depends on methodological and formal training just as with any surgical technique. In any case, the importance of the ability to offer reconstructive procedures as part of current breast cancer care cannot be overemphasized.

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