Meet the Professor

Interview with Prof. Michael John Miller: breast reconstruction reshapes beauty for patients

Received: 28 November 2018; Accepted: 23 May 2019; Published: 12 June 2019.
doi: 10.21037/abs.2019.05.03
View this article at: http://dx.doi.org/10.21037/abs.2019.05.03

Expert’s introduction

Dr. Michael J. Miller (Figure 1) is a board-certified surgeon and Professor of Surgery in The Ohio State University Department of Plastic and Reconstructive Surgery. He is also the Chair of the Department of Plastic Surgery, and has a special interest in breast reconstruction and reconstructive surgery after cancer. Dr. Miller is experienced with a variety of breast reconstruction techniques, and is also proficient with sarcoma reconstruction and breast augmentation procedures. His research interests include tissue repair and regeneration, as well as advanced technology in clinical surgery. Dr. Miller has been in practice for more than 20 years, and has been educated and trained at some of the most respected medical institutions in the nation.

For more details, please check the following interview video (Figure 2).

Interview

In the interview (Figure 3), Prof. Michael Miller first shared the main content of his speech with us. Autologous tissue reconstruction is a common reconstruction method for postoperative breast cancer patients. From the perspective of plastic surgeons, Prof. Miller analyzed how to reshape the breasts through autologous tissue breast reconstruction, making the patient’s bilateral breasts symmetrical.

With the continuous improvement of the concept of breast cancer treatment, Prof. Miller said that the goal of breast cancer treatment is not only to eliminate the tumor from the patients but also to meet the patients’ requirements for improving the appearance of their breasts. In order to reconstruct the breasts for patients and rejuvenate patients with “health and beauty”, breast reconstruction has emerged and played an indispensable role in breast cancer treatment.

Prof. Miller considers that the past decade has witnessed the rapid development of breast reconstruction. For example, the choices of breast reconstruction are more diverse, and techniques such as tissue expander—breast implants and flap reconstruction are becoming more mature and advanced.

When talking about the importance of multidisciplinary collaboration, Prof. Miller said that multidisciplinary collaboration is critical for breast cancer treatment in general, especially breast reconstruction. Breast
reconstruction requires a collaborative effort between oncology and plastics. He believes that tumor surgery and plastic surgery should work together as closely and cooperatively as possible in order to provide the best surgical treatment for patients.

As a plastic surgeon, the biggest challenge for him is that there are no specific measures to indicate the importance of breast reconstruction surgery for breast cancer patients. Plastic surgeons usually measure the value of reconstructive surgery only through patient’s quality of life after surgery and patient’s satisfaction. These factors are difficult to quantify and not objective. However, other cancer treatments can indicate the need for treatment in very objective ways like disease-free intervals and survivorship.

Finally, Prof. Miller suggests that breast self-examination is very important for women to prevent breast cancer. Once you find abnormalities such as lumps and pain in your breasts, you are supposed to do clinical breast examinations. In general, early detection, early diagnosis, and early treatment are the key to preventing breast cancer from becoming a life-threatening problem.

**Interview questions**

(I) You gave a speech at the 2018 Shanghai Breast Reconstruction Symposium. Could you share the highlight of your speech with our readers?

(II) What is the current status of patients’ breast reconstruction after breast cancer?

(III) Would you like to talk about the progress of breast reconstruction over the past decade?

(IV) Could you please talk about the necessity of multidisciplinary collaboration in breast reconstruction?

(V) As a plastic surgeon, what is the biggest challenge you have encountered? How did you overcome it?

(VI) Would you please kindly provide some suggestions on how to prevent breast cancer for women?

**Acknowledgments**

None.

**Footnote**

*Conflicts of Interest: The author has no conflicts of interest to declare.*

**References**


(Science Editor: Linda Gao, ABS, abs@amegroups.com)