

# Margin Guidelines Affect Breast-Cancer Surgical Trends

NEW YORK (Reuters Health) - Rates of breast-conserving surgery for early-stage breast cancer increased and repeat surgery decreased following dissemination of 2014 margin guidelines, according to new findings.

"Standardization of margins has had a positive impact on patient overall health by leading to less surgery for patients and less cost to the system," said Dr. Katharine Yao from NorthShore University Health System and the University of Chicago, Pritzker School of Medicine, in Evanston, Illinois.

"Many surgeons across the country are adopting these margin guidelines; there appears to be little resistance to utilizing these guidelines," she told Reuters Health by email.

The guidelines, from the Society of Surgical Oncology (SSO) and American Society for Radiation Oncology (ASTRO), defined negative margin for stage I and II breast cancer as "no ink on tumor."

For their study, online March 19 in the Journal of the American College of Surgeons, Dr. Yao and colleagues used data from the National Cancer Data Base on more than 521,000 women with stage I-II biopsy-proven breast cancer who underwent surgery between 2004 and 2015.

The rate of breast-conserving surgery (BCS) decreased from 67.5% in 2004 to 63.8% in 2012 before rebounding to 67.6% in 2015.

Among women undergoing initial BCS, repeat-surgery rates decreased by 3.6 percentage points following dissemination of the guidelines.

The strongest independent factors associated with increased odds of repeat surgery after initial BCS were year of diagnosis prior to 2014, age younger than 50 years, Asian race, stage II disease, lymphovascular invasion, Her2+ subtype and lobular histology.

Overall, the rate of unilateral mastectomy decreased steadily from 27.9% in 2004 to 19.6% in 2015; the rate of bilateral mastectomy increased from 4.6% in 2004 to 13.6% in 2013 before falling to 12.8% in the most recent period following guideline dissemination (2015).

"Although our study can only show an association between the margin guidelines and changes in BCS and mastectomy rates, the absence of any other clinical trial or large study on margins over the same time period makes it more likely that these trends have some link to the dissemination of the SSO/ASTRO margin guidelines," the researchers note.

"Since these guidelines only applied to patients with invasive cancer, it will be interesting to do the same study with noninvasive (DCIS) cancer," Dr. Yao said. "The DCIS guidelines came out in 2016, and we do plan to examine the impact of those guidelines on surgical management of DCIS when data are available."

Dr. Monica Morrow from Weill Medical College of Cornell University and Memorial Sloan Kettering Cancer Center, in New York City, who studies breast-cancer surgery, told Reuters Health by email, "This article adds to the growing body of literature supporting a change in practice since the guideline publication. While further surgery remains necessary for patients with positive margins - defined as tumor touching ink - surgery to get more widely clear negative margins does not improve outcomes."

"This article demonstrates that avoidance of that unnecessary surgery increases the proportion of women who undergo breast-conserving therapy," she said. "The take-away is that bigger surgery is not better surgery in the era of effective systemic therapy, which reduces local recurrence."

SOURCE: <https://bit.ly/2WuCtJm>

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