Challenges in Utilizing Oncoplastic Techniques in Breast Conserving Surgery

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BACKGROUND

Oncoplastic breast surgery techniques were developed to improve the cosmetic outcomes of breast conserving surgery. These techniques allow wide excision of tumors with immediate breast tissue reshaping using plastic surgery techniques.1 This approach has gained wide acceptance in Europe,2,3 but is less utilized in North America, despite studies that have demonstrated its oncologic safety and cosmetic benefit.4-7 This study examines Canadian general surgeons’ beliefs and utilization of oncoplastic techniques in breast conserving surgery.

OBJECTIVES

Primary: To describe general surgeons’ understanding and beliefs around the utilization of oncoplastic techniques in breast conserving surgery.

Secondary: To identify barriers to the implementation of these techniques into practice.

METHODS

Design: Qualitative Study

Timeframe: April 1, 2015 to November 30, 2016

Population: Purposive sampling of general surgeons who had previously participated in a survey on oncoplastic techniques (identiﬁed through the College of Physicians and Surgeons of Ontario online database) were subsequently invited to participate in qualitative interviews.

General surgeons with subspecialty practices in thoracic, vascular and pediatric surgery were excluded. Surgeons varied in their age, extent of training, length and location of practice.

Methods: Semi-structured one-on-one telephone interviews and focus groups were conducted by a single interviewer. On-going inductive analysis of the data guided sampling and data collection. Interviews continued until saturation was reached.

Analysis: Data analysis was conducted in an inductive manner. Two researchers independently completed initial, focused and theoretical coding. Key concepts/themes were identiﬁed using constant comparative analysis.

RESPONDENTS

16 general surgeons – 9 female, 7 male
All participate in breast surgery
Mixture of academic and non-academic practice
11 community, 5 academic
6 breast or surgical oncology fellowship trained

RESULTS

Most surgeons were interested in improving cosmosis and employing oncoplastic techniques

Barriers to utilizing oncoplastic techniques included: Knowledge, Beliefs, Access

Concept | Findings | Demonstrative Quotes
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Interest in Oncoplastics | • Potential for improved cosmosis and patient outcomes • Potential for lower positive margin rate | “I think it can really improve the cosmosis in a lot of patients.” (P2)
“Does it work? I think in some you get better margins… a better outcome for the patient, better cosmosis” (P5)

Barriers to Utilizing Oncoplastic Techniques in Practice

Knowledge | • Limited knowledge around the role and use of oncoplastics • Limited knowledge of oncoplastic techniques • Limited understanding of oncoplastics and oncologic outcomes from medical/radiation oncology | “I’m aware of the concept but I don’t know the techniques” (P6)
“If you get a close margin or a positive margin, when you’ve moved the breast elements around, I don’t have a hope of going back and finding that. It’s gone. But, I don’t think radiation oncology gets that…” (P4)

Beliefs | • Limited beneﬁt in cosmetic outcomes • Limited interest by patients • Limited acceptance of oncoplastic techniques by general surgery colleagues • No potential for re-excision | “Everyone wants a great cosmetic result but how much beneﬁt is there really?” (P4)
“Patients aren’t really asking for it. They’re not interested, cosmosis does not play a big part” (P3)
“the idea is still catching on, there’s still limited acceptance in the (surgical) community” (P6)

Access | • Limited access/support to reconstructive surgeons • Limited OR time and lack of reimbursement • Lack of access to education around techniques | “If I had a plastics colleague that I could say, you know what, my next case if you could see what I’m doing or maybe offer some insight, that mentoring and a little bit of on-site training would certainly boost my conﬁdence in adopting a new technique.” (P2)
“Courses are limited, difficult to attend and expensive” (P8)

CONCLUSION

• This study describes general surgeons’ attitudes and beliefs towards implementation of oncoplastic breast surgery.
• Lack of familiarity with techniques, lack of support from colleagues, and absence of appropriate reimbursement for these cases are signiﬁcant barriers to the adoption of these techniques.
• There is a need for increased teaching of oncoplastic techniques in general and subspecialty surgery training as well as a need to advocate for more appropriate ﬁnancial remuneration for these cases.