Specialist Trainee Experiences in Axillary Lymph Node Dissection (ALND) in the post-Z0011 Era

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Introduction

In recent years, studies such as the AORTIC Z0011 (2) trial have led to a change in clinical practice and a well-documented reduction in the number of Axillary Node Dissection (ALND) procedures in patients with breast cancer. We hypothesize that resident exposure has dramatically decreased, impacting experience and confidence. To this end, a national survey of UK specialist breast surgical residents was conducted to assess experience, exposure and confidence in ALND.

Methods

A survey was developed by a team including a breast surgeon attending, residents and a senior research fellow. Questions pertained to level of training, experience participating in and performing ALNDs, confidence and methods in which they felt training could be improved. Data on resident opinion regarding the effect of the Z0011 trial on ALND rates were also collected. The survey was administered to breast surgery residents at a Deanery level and through the Mammary Fold between April and August 2017.

Results

A total of 95 residents or recent attending appointees responded. These residents were either surgical trainees or residents in their career either with a “trainer scrubbed”, “trainer present but not scrubbed” or “independently” (23%, 43% and 46% respectively) (Figure 1). 24% felt they had enough opportunity to gain competence by the end of training (Figure 2). 51% felt that ALND numbers had decreased significantly since 2001 trial publication (Figure 3). Trainees reported that further opportunities would be beneficial, and these could be delivered via lab-based simulation.

Conclusion

UK surgical residents are failing to gain adequate exposure to ALNDs, which is affecting confidence and skill acquisition. Further training opportunities are therefore critical. Given the declining number of ALNDs being performed, simulation training with the use of new advancements in simulator fidelity and availability could bridge the gap and complement extant training opportunities. High fidelity simulation is being increasingly recognised as a valuable adjunct to time spent in the operating theatre (6), and has been successfully developed in breast surgery for SLNB (7) and wide local excision (8). A high fidelity ALND surgical simulator has been developed at our centre with expert input from a multidisciplinary team and current preliminary data are promising regarding the simulator’s validation for skills training and assessment.

Figure 1: Total number of ALNDs assisted, performed supervised with trainer scrubbed, performed supervised with trainer not scrubbed, and performed independently by respondents

Figure 2: Levels of confidence and training opportunities in performing ALND

Figure 3: Trainee opinion regarding the impact of the Z0011 trial on ALND numbers performed

References