Introduction

- Currently lumpectomy is the most common initial surgical choice, but it has historically high and variable re-excision rates. In 2014 the Society for Surgical Oncology (SSO) and American Society of Radiation Oncology (ASTRO) released a consensus statement for the desired surgical margin to be defined as “no tumor on ink”. Even though there is an up to 50% predicted drop in re-excision, the re-excision rates have not declined nearly as much as expected despite data that increasing the distance of the margin does not affect outcomes. A Survey from 2005 shows that 21.8% would re-excise if the margin was within 2mm while a new survey shows this number has decreased to 1.3%. We desired to evaluate surgeons’ practice patterns following the guidelines in our community setting to see if the margin size was affecting surgical management.

Objectives

- Evaluate total Re-excision rate change
- Evaluate the management of the close margin pre and post consensus when a margin ≤ 2mm was encountered
- Evaluate the management of the margin <1mm and 1-2 mm
- Evaluate the reduction in unnecessary re-excisions

Methods

- We performed an IRB-approved, retrospective chart review of a 12 hospital community setting
- Inclusion criteria:
  - Females > 18 years old
  - Invasive Breast Cancer Stages 1-3
  - Breast Conservation Surgery
  - January 1, 2012- December 31, 2016
- Exclusion criteria:
  - Neoadjuvant therapy
  - Stage 0, 4
- We defined close margins as ≤ 2 mm. Pre-consensus was defined as January 2012- January 2014, and Post-consensus was defined as February 2014-December 2016

Results

Management of the Close margin ≤ 2mm

How often do we re-excite the margin ≤2mm when it is encountered?

| Pre-consensus: 149 had margins ≤ 2 mm, 37 were re-excised (24.8%) |
| Post-consensus: 294 had margins ≤ 2 mm, 26 were re-excised (8.8%) |

This reduced un-necessary re-excision by 65.5% The lighter color shows % re-excised when the close margin was encountered.

- Overall re-excision rates decreased but the decrease was not statistically significant
- There was a statistically significant decrease in the un-necessary re-excisions for a close margin by 65% following the consensus guidelines
- For the <1mm margin there was a 53.6% reduction in the re-excision rate when it was encountered
- For 1-2 mm margin there was an 85.7% reduction in unnecessary re-excision following the consensus.

Conclusion

- Overall re-excision rates decreased but the decrease was not statistically significant
- There was a statistically significant decrease in the un-necessary re-excisions for a close margin by 65% following the consensus guidelines
- For the <1mm margin there was a 53.6% reduction in the re-excision rate when it was encountered
- For 1-2 mm margin there was an 85.7% reduction in unnecessary re-excision following the consensus.

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References