

Are Community Surgeons Choosing Wisely? A Single Institution Retrospective Review



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Introduction

- In July 2016, the Choosing Wisely Campaign recommends not performing routine sentinel lymph node biopsies (SLNBx) on women over 70 with hormone positive, Her2Neu negative early stage invasive breast cancer.
- This patient population is likely to get adjuvant endocrine therapy alone
- Many institutions use this as a quality metric
- Aim of our study was to review whether our community hospital was choosing wisely.

Methods

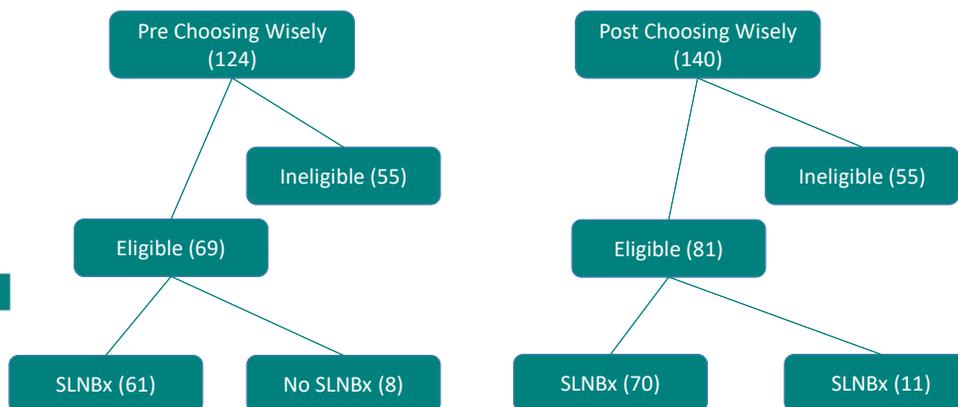
- Single institution Retrospective Review
- Data was taken from OR records based off of CPT codes for lumpectomy
- Two Cohorts
 - Pre Choosing Wisely: 07/2014 - 07/2016 (n=124)
 - Post Choosing Wisely: 07/2016 - 07/2018 (n=140)
- Excluded:
 - Pathology other than invasive breast cancer
 - Younger than 70 years old
 - Triple negative breast cancer
 - Her2Neu positive breast cancer

Data Reviewed:

- Pathology Reports
 - Clinico-pathologic patient data
 - Tumor Specific Data
 - Lymph Nodes

- Statistical Analysis: Fisher's two tailed t test

Results



Breast Cancer Patients Undergoing SLNBx

	SLNBx n= 131	No SLNBx n=19
Pre Choosing Wisely (n= 69)	61 (88.4%)	8 (11.6%)
Post Choosing Wisely (n=81)	70 (86.4%)	11 (13.6%)

- Pre Choosing Wisely SLNBx rate was 88.4% vs post Choosing Wisely SLNBx rate was 86.4% (p=0.8)

Conclusions

- No statistically significant change in the SLNBx rate after Choosing Wisely guidelines were recommended in 2016.
- Surgeon education will improve SLNBx rates
- Surgeons can provide less aggressive surgical management without disrupting patient outcomes.
- Specialists outside of surgery can find it difficult to omit pathologic staging work up of nodes
- Community surgeons need to evaluate their SLNBx rates in hormone positive low risk patients.
- This should be presented it to a multidisciplinary tumor board within each institution
 - In order to bring to light pitfalls in adhering to national standards
- Multidisciplinary approach to early stage breast cancer is needed in order to have continuous institutional change

References

- Gunn, J, Lemini, R Partain, K, et al. Trends in utilization of sentinel node biopsy and adjuvant radiation in women over 70. *Breast J.* 2020; 00: 1-9.
- Calderon, Esteban, et al. "Are We Choosing Wisely in Elderly Females with Breast Cancer?" *The American Journal of Surgery*, vol. 218, no 6, 2019, pp. 1229-1233., doi:10.1016/j.amjsurg.2019.08.004.

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