Are Community Surgeons Choosing Wisely? A Single Institution Retrospective Review
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**Results**

**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

**Breast Cancer Patients Undergoing SLNBx**

<table>
<thead>
<tr>
<th></th>
<th>SLNBx (n=131)</th>
<th>No SLNBx (n=19)</th>
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<tbody>
<tr>
<td>Pre Choosing Wisely (n=69)</td>
<td>61 (88.4%)</td>
<td>8 (11.6%)</td>
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<tr>
<td>Post Choosing Wisely (n=81)</td>
<td>70 (86.4%)</td>
<td>11 (13.6%)</td>
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**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**


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