

Impact of Consensus Guidelines for Breast-Conserving Surgery in DCIS

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Background

- Margin status remains an important component of breast conservation surgery (BCS)
- Margin width:
 - Most important predictor of local recurrence in DCIS¹
 - Less than 2 mm is associated with increased ipsilateral breast tumor recurrence in DCIS²
- 2016 SSO-ASTRO-ASCO consensus guidelines for BCS in DCIS recommends 2 mm as the standard for negative margins in DCIS³
- Aim: Evaluate the impact of the 2016 guidelines at our institution

Methods

- All patients with pure DCIS undergoing BCS at Barnes Jewish Hospital/Siteman Cancer Center from September 2014 to August 2018
- Data examined:
 - Margin status
 - Re-excision rates
- Definitions:
 - Negative margin: ≥ 2 mm
 - ➤ Close margin: < 2 mm</p>
 - Positive margin: ink on tumor
- Statistical analyses were performed using a Fisher's exact test for re-excision rates

Results Primary BCS for DCIS from September 2014 to August 2016 Re-Excisions Margins Negative 76 Patients Close 185 Patients 48 Patients 83 Patients Positive 24 Patients 26 Patients Primary BCS for DCIS from September 2016 to August 2018 Re-Excisions Margins Negative 95 Patients Close 192 Patients 45 Patients 73 Patients Positive 22 Patients 24 Patients

Re-excision Rates			
	September 2014 – August 2016 n=185	September 2016 – August 2018 n=192	p- value
Overall	72/185 (38.9%)	67/192 (34.9%)	0.46
Of Close Margins	48/83 (57.8%)	45/73 (61.6%)	0.74
Of Positive Margins	24/26 (92.3%)	22/24 (91.7%)	1.0

Discussion

- Our re-excision rates did not change significantly during the 2 years before and after the publication of the SSO-ASTRO-ASCO guidelines
- > Trends:
 - A larger proportion of patients with close margins underwent re-excision
 - Overall re-excision rate trended down
- Clinical judgement based on patient and tumor characteristics remains a factor when determining the need for re-excision in patients with close margins

References

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