THE AMERICAN SOCIETY OF Breast Surgeons

The following quality measure was developed for use in reporting through the Society's proposed qualified clinical data registry:

Measure #: ASBS 7

Measure Title: Unplanned 30 day re-operation after mastectomy

National Quality Strategy Domain: Patient Safety

Measure Type: Outcome, and a Composite Measure. Unplanned re-operation is a composite measure because avoiding re-operation as an outcome is dependent on multiple separate measures of quality such as mastectomy margin status, axillary management and surgical complications. Margin status is dependent on pre-operative imaging accuracy by a radiologist and good communication between the radiologist, breast surgeon and plastic surgeon, especially to identify breast cancer adjacent to skin or the nipple areolar complex. In addition, success in avoiding re-operation is dependent upon intra-operative management of the axilla by use of sentinel lymph node frozen section (FS), touch prep cytology or nodal molecular analysis to find positive nodes, allowing immediate completion lymphadenectomy. Other measures of performance for intra-operative identification of positive nodes include care coordination with the pathologist and the pathologists' ability to detect positive nodes. Avoidance of operative complications of ischemic skin necrosis, ischemic flap necrosis, post-operative hemorrhage, and deep surgical site infection are also necessary for one step surgical success.

Measure Description: Percent of patients undergoing mastectomy who do not require an unplanned secondary breast or axillary operation within 30 days of the initial procedure.

Denominator: Patients undergoing unilateral or bilateral mastectomy as their initial procedure for breast cancer or prophylaxis

Numerator: Patients undergoing unilateral or bilateral mastectomy as their initial procedure for breast cancer or prophylaxis who do not require an unplanned secondary breast or axillary operation within 30 days of the initial procedure.

Exclusions: Patients undergoing breast conserving surgery as their initial operation for breast cancer. Patients undergoing central line reservoir IV access procedures within 30 days after initial mastectomy

Exceptions: Patients who undergo a planned "cosmetic" procedure in either breast within 30 days after their initial breast operation, patients who have a contralateral breast re-operation by the plastic surgeon for a complication in a breast not operated on by the breast surgeon, patients with flap

ischemia/necrosis (not native skin flap necrosis) that undergo re-operation for debridement of flap or assessment of vascularity or re-vascularization after a tissue transfer reconstructive operation performed by the plastic surgeon, patients with placement of expander or implant who undergo re-operation by plastic surgeon for expander/implant leak or any other prosthetic condition requiring re-operation, patients with a false negative intra-operative sentinel node assessment; i.e. patient underwent immediate intra-operative histologic assessment of SLN with findings of no nodal metastasis but then had post-operative identification of positive SLN necessitating an axillary re-operation.

Rationale: Unplanned 30 day re-operations contribute to delays in time to adjuvant treatment, additional patient operative risks, increased cost of care, and decreased patient satisfaction. One step surgical success rate is endorsed as a quality measure by the European Union of Breast Cancer specialists (EUSOMA). EUSOMA has endorsed target goals for performance for one step success.

Risk Adjustment Plan: The Society is actively pursuing analytic support to risk adjust each measure. Statisticians will utilize logistic regression analysis to search for patient demographics and surgeon characteristics that influence the performance rate for each measure. Those factors found to be statistically ($p < 0.05$) and "clinically" significant for their association with each individual measure, will be incorporated into our models that provide peer performance comparison of surgeon participants. Compliant with the recommendations of the National Quality Forum, some "risk adjusters", such as race and socio-economic status, even if found to be associated with the aggregate performance of all participants, will initially be excluded from the risk adjustment models. To include them early in a new program, according to the NQF, may "hide" important disparities in care from being addressed.

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References: M. Rosselli Del Turco a, et al. Quality indicators in breast cancer care. EUROPEAN

JOURNAL OF CANCER (2010) 46: 2344–2356.