



Measure #: ASBS13

Measure Title: Sentinel Node Biopsy for Patients with Ductal Carcinoma in Situ Alone

Domain: Clinical Care

Measure Type: Process, traditional, proportional

Risk adjustment: Not applicable

REGISTRY ONLY

DESCRIPTION:

The percent of patients with a known diagnosis of ductal carcinoma in situ alone on core needle biopsy undergoing breast cancer operations who did not undergo sentinel node biopsy in the setting of breast conserving therapy.

INSTRUCTIONS:

This measure is to be reported each time a patient aged 18 and older undergoes a breast cancer operation. This measure may be reported by clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

DENOMINATOR:

The number of patients aged 18 years and older on date of encounter undergoing partial mastectomy breast cancer operations

Denominator Criteria (Eligible Cases): Patients aged 18 and older on date of encounter

AND

Diagnosis for Female/Male Breast Cancer (ICD-10-CM): D05.10, D05.11, D05.12

AND

Patient encounter during the reporting period (CPT®): 19301, 19302

NUMERATOR:

The number of patients aged 18 and older undergoing breast cancer operations who had ductal carcinoma in-situ alone diagnosed preoperatively by a minimally invasive biopsy, and who underwent partial mastectomy without sentinel node biopsy at the same operation.

Definition:

Minimally invasive biopsy methods – Includes fine needle aspiration, percutaneous core needle biopsy, percutaneous automated vacuum assisted rotating biopsy device, skin biopsy, skin shave or punch biopsy

Numerator Options:
Performance Met:

Patient with a diagnosis of ductal carcinoma in situ alone on needle biopsy did not undergo sentinel node biopsy at the initial operation.

OR

Denominator Exception

Documentation of reason(s) for performing sentinel node biopsy (SNB) for a patient with a known diagnosis of ductal carcinoma in-situ only (ie evidence of a mass on imaging or clinical examination that raises concern for invasive cancer, >3.0cm of calcifications causing concern for under-sampling with needle biopsy, oncoplastic surgery performed in conjunction with partial mastectomy or location/extent of surgery raising concern for failure of subsequent sentinel node mapping if needed, suspicion of micro-invasion on needle biopsy, etc).

OR

Performance Not Met:

Clinician performs sentinel node for a patient with a diagnosis of pure ductal carcinoma in-situ on needle biopsy.

RATIONALE:

Patients with a diagnosis of ductal carcinoma in situ have the option of undergoing either breast conserving therapy or total mastectomy. Several studies have revealed no clinical benefit when sentinel node biopsy is performed for patients undergoing partial mastectomy for ductal carcinoma in situ only. (Breast Cancer Res Treat. 2016 Apr;156(3):517-25.doi: 10.1007/s10549-016-3783-2. Epub 2016 Apr 15.,Am J Surg. 2005 Oct;190(4):563-6).

Although there is a known risk of upstaging (10-30%) to invasive disease when partial mastectomy for ductal carcinoma in situ alone is performed, a sentinel node biopsy can be performed after an actual diagnosis of invasive cancer is made, which would spare the majority of patients with ductal carcinoma in situ from having to undergo an unnecessary sentinel node biopsy with its potential morbidity of arm lymphedema.

CLINICAL RECOMMENDATION STATEMENTS:

A major goal of modern breast medicine is to minimize the number of operations a patient is required to have and optimize oncologic outcomes. Sentinel node biopsy is critical for axillary staging in order to guide adjuvant therapy recommendations and minimize the risk of axillary recurrence. Patients with a known diagnosis of ductal carcinoma in situ can choose to undergo a partial mastectomy with adjuvant whole breast radiation-known as breast conserving therapy. The performance of a sentinel node biopsy at the time of partial mastectomy in these patients has no evidence of clinical benefit, and could result in increased morbidity (JAMA. 2013 Oct 2;310(13):1385-94. doi: 10.1001/jama.2013.277804). Sentinel node biopsy should therefore not routinely be performed in patients undergoing partial mastectomy for a diagnosis of ductal carcinoma in situ only.

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