



Reducing Rates of Repeat Operations for Women with Breast Cancer

The Problem

- 80% of women with Stage I or II breast cancer are eligible to undergo lumpectomy followed by radiation. A repeat operation is needed if “adequate margins” are not achieved, leading to increased cost and non-financial consequences for patients, including delays in time to treatment, missed work, increased travel, another surgical recovery with post-operative pain and risk of infection/healing problems, and potentially worse cosmetic outcomes. Surveys of surgeons have found the definition of “adequate margin” ranges from “ink negative” to >1cm, leading to significant variability in re-excision lumpectomy rates (0-70%).
- A consensus conference of experts in breast cancer care developed a toolkit of evidence-based interventions at the surgeon and hospital level to reduce repeat operations:
 - *Surgeon*: compliance with the SSO ASTRO Margin Guideline, oncoplastic lumpectomy, cavity shaves
 - *Hospital*: intraoperative pathology, preoperative multidisciplinary planning, complete diagnostic mammography, and ultrasound where needed
 - *Surgeon/hospital interface*: minimally invasive breast biopsy, pre-operative lesion localization of non-palpable specimens, specimen imaging and surgeon review
- Despite publication of these recommendations, the rate of re-excision in the state of Wisconsin has not declined in the year after release of the SSO ASTRO Margin Guideline, and the degree of variation across providers has not changed.

How will SCW help reduce the rate of repeat breast conserving procedures?

- Provide reports of surgeon and hospital performance for reoperation rates after initial lumpectomy for breast cancer using existing claims/billing data, benchmarked against other providers in the state
- Distribute a comprehensive toolkit to assist in identification and implementation of evidence-based options, tailored to each practice setting
- Assist with the identification of key factors that influence performance and capacity for practice change, thus helping hospitals implement strategies that reflect their resources and other contextual factors
- Provide a platform for collaborative learning through webinar sessions and in-person meetings
 - Opportunities for interactive problem solving and brainstorming between interested surgeons
 - Overview of specific topics, prioritized by participating hospitals
 - Case studies of solutions from hospitals within SCW
- Provide interested hospitals with guidance on limited, tailored primary data collection

How will SCW measure success?

- Track improvement in re-operation rates following lumpectomy for participants, using the rest of the state as a control
- Distribute a survey and conduct interviews with participating surgeons to determine baseline and post-intervention practice patterns and perceptions of the program
- Attendance and feedback on webinar sessions

What is required for participation?

- Sign Participating Hospital/Facility Agreement ([download here](#))
- Receive and review benchmarked performance reports
- Participate in webinar sessions and in-person meetings
- Agree to complete surveys and interviews to track progress