# Trends in reoperation after initial lumpectomy for breast cancer

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Monica Morrow, M.D., of Memorial Sloan Kettering Cancer Center, New York, and coauthors investigated the impact of a 2014 consensus statement endorsing a minimal negative margin for invasive breast cancer on postlumpectomy surgery and final surgical treatment.

There had been wide variation in attitudes about what was considered an appropriate negative margin width for lumpectomy. Reoperation after initial lumpectomy has major treatment implications for patients.

The population-based study, which included 3,729 women undergoing initial lumpectomy between 2013 and 2015, describes the approach by surgeons to surgical margins for invasive breast cancer and changes in postlumpectomy surgery rates and final surgical treatment following the 2014 consensus statement that endorsed a margin of "no ink on tumor."

The authors report reexcision and conversion to mastectomy declined among patients with negative margins and final rates of breast-conserving surgery increased from 52 percent to 65 percent with a decrease in both unilateral and bilateral mastectomy.

The study, which notes some limitations, concludes: "Our findings provide support for an argument that evidence-based, multidisciplinary guidelines that address issues of clinical controversy can be an effective relatively low-cost approach to accelerating practice change and reducing overtreatment in cancer care."

**More information:** *JAMA Oncology*,
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