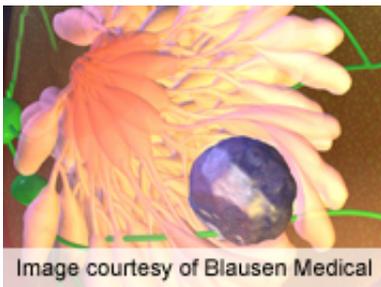


Low rates of recurrence with 'no ink' as margin in breast CA

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(HealthDay)—Positive margins (ink on invasive carcinoma or ductal carcinoma in situ) are associated with increased risk of ipsilateral breast tumor recurrence (IBTR), according to consensus guidelines published online Feb. 10 in the *Journal of Clinical Oncology*.

Meena S. Moran, M.D., from the Yale University School of Medicine in New Haven, Conn., and colleagues conducted a systematic review of 33 studies involving 28,162 patients. The authors sought to reach a consensus regarding optimal margin width in breast-conserving surgery for [invasive breast cancer](#) and the risk of IBTR.

The researchers found that, compared with negative margins, positive margins (ink on [invasive carcinoma](#) or [ductal carcinoma](#) in situ) correlated with a two-fold increase in IBTR risk. Neither favorable

biology, nor endocrine therapy, nor radiation boost mitigated the increased risk. Compared with no ink on tumor, more widely clear margins did not significantly decrease the rate of IBTR. No evidence was observed in support of more widely clear margins for reducing IBTR in young patients or for patients with unfavorable biology, lobular cancers, or cancers with an extensive intraductal component.

"The use of no ink on tumor as the standard for an adequate margin in invasive cancer in the era of multidisciplinary therapy is associated with low rates of IBTR and has the potential to decrease re-excision rates, improve cosmetic outcomes, and decrease health care costs," the authors write.

Several authors disclosed financial ties to the medical device industry.

More information: [Abstract](#)
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