

SURGICAL RE-EXCISION RATES FOR PATIENTS UNDERGOING BREAST-CONSERVING SURGERY: COMPARISON BETWEEN INVASIVE LOBULAR CARCINOMA AND INVASIVE DUCTAL CARCINOMA



Sarah Carpenter, Ishaana Munjal, Sai Chow, Preet Hamilton, Alan Redman, Simon Lowes, Alice Leaver

Queen Elizabeth Hospital, Gateshead

Gateshead Health **NHS**
NHS Foundation Trust



Background & Aims

Our Trust has recently demonstrated that invasive lobular carcinoma (ILC) is less accurately measured on preoperative imaging than invasive ductal carcinoma (IDC)¹.

To help assess the patient impact of preoperative disease measurements made on imaging, this study compares surgical re-excision rates for IDC (with or without associated ductal carcinoma in situ (DCIS)) and ILC (with or without associated DCIS).

Results

Full records were available for 528 patients who underwent breast conserving surgery for ILC (53), and IDC (473); there were also two cases of mixed ILC and IDC within the surgical specimen.

Positive margin rate for ILC was 17% (9/53), for IDC was 15% (74/473), and for mixed was 50% (1/2). Of the patients with positive margins, further excision was performed upon 42 IDC cases, 7 ILC cases and 1 mixed ILC and IDC patient.

Therefore the overall surgical re-excision rates were 13% for ILC, 9% for IDC and 50% for mixed ILC and IDC.

The mean number of further re-excisions per patient who had re-excision was 1 for the ILC group, 1.1 for IDC (47 procedures / 42 patients), and 100% for mixed (1 procedure / 1 patient).

Mastectomy was the final surgical procedure in the treatment episode for 4% cases of ILC (2/53), 3% cases of IDC (16/473), and 0% cases of mixed IDC/ILC (0/2).

Methods

A retrospective audit was performed of all ductal and lobular cancers diagnosed and treated in our Trust between January 2013 and December 2014.

Hospital electronic records were used to identify patients, their imaging, surgical procedures and pathology.

Descriptive statistics were performed.

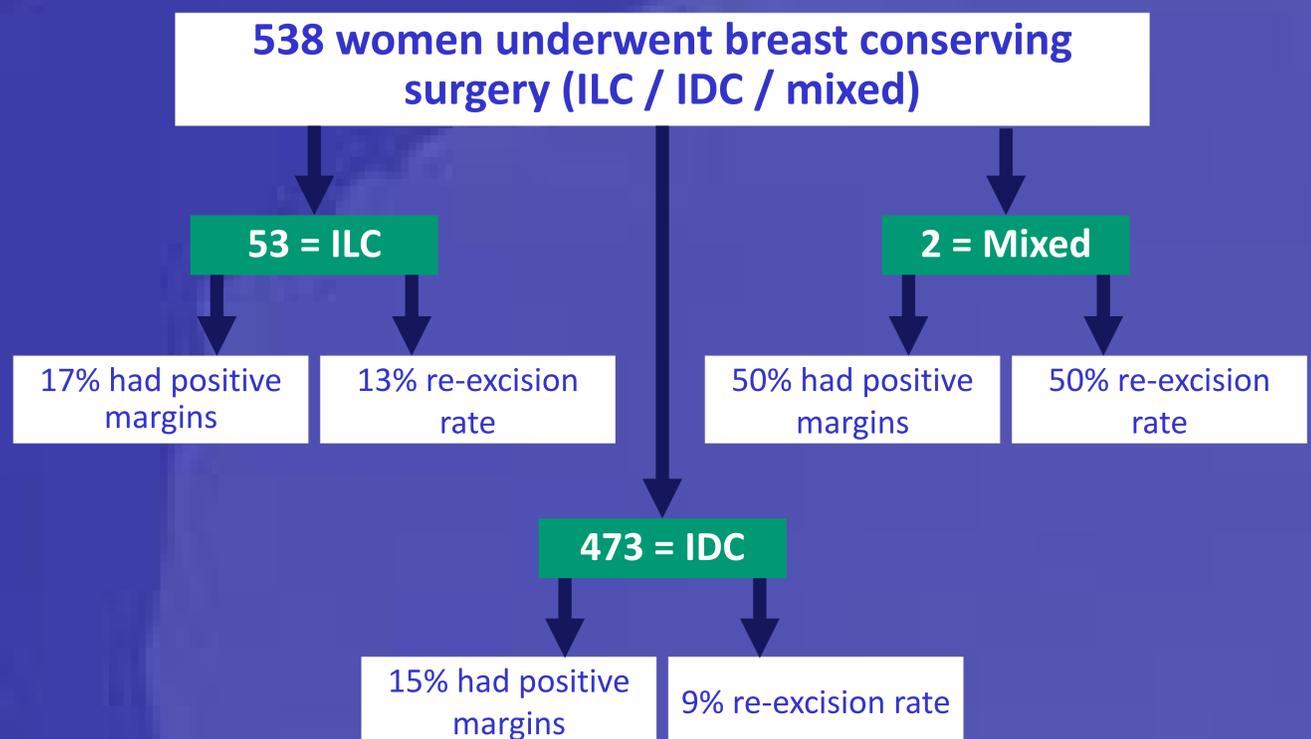


Figure 2: Number of women who underwent breast conserving surgery and subsequent positive margin & re-excision rate

Mastectomy as final surgical outcome	Number of cases
ILC	2 / 53
IDC	16 / 473
Mixed IDC and ILC	0 / 2

Table 1: Outcome of mastectomy as final surgical procedure

Discussion

Overall, surgical re-excision rates were higher for ILC, and may be due to increased imaging measurement inaccuracy/ difficulty with ILC. These results emphasise the importance of preoperative imaging including measurements, and of developing more accurate ways to do this.

Reference

1. Carpenter S, Lowes S, Potterton J, Hamilton P, Redman A, Leaver A (2018). Comparison of preoperative ultrasound, mammographic, and MRI measurement of invasive lobular carcinoma with operative histology. *Breast Cancer Research*, 20(Suppl 1):PB.12.