



Additional Surgery after Lumpectomy is Not a Good Indicator of the Quality of Breast Cancer Surgery, Cautions Breast Surgeon

By [Eva Kiesler, PhD, Science Writer/Editor](#) | Tuesday, January 31, 2012

About one in four women who have been treated with breast-conserving surgery (BCS) for [breast cancer](#) eventually have a second round of surgery, called reexcision, to remove additional tissue.

In a study published in the February 1 issue of the *Journal of the American Medical Association (JAMA)*, researchers suggest that monitoring how often such reexcision procedures are performed at different hospitals or by individual surgeons might be a way to assess the quality of surgical treatment these women receive.



Monica Morrow, Breast Surgical Service Chief

But according to breast surgeon [Monica Morrow](#), who heads Memorial Sloan Kettering's Breast Surgical Service, reexcision rates do not offer a reliable measure of surgical performance.

In an editorial accompanying the *JAMA* study, Dr. Morrow and Stephen M. Katz, a professor at the University of Michigan, caution that reexcision rates can be influenced by many factors other than the quality of breast-conserving surgical procedures.

“For instance, some surgeons may offer BCS only to patients with tumors of 1 cm or less in size, despite definitive evidence that BCS is equally effective for tumors up to 4 cm,” the authors write. “These surgeons’ reexcision rates will be low because small tumors are easy to remove, but the low reexcision rate is the result of many unnecessary initial mastectomies. Similarly, surgeons who remove very large amounts of normal breast tissue during lumpectomy will have low reexcision rates, but poor cosmetic outcomes.”

Dr. Morrow says that while new methods to monitor the quality of breast cancer surgery are needed, the development of such tools will require extensive research and evaluation.

The editorial notes that “any proposed quality measures must be evidence based and relevant to the current understanding of breast cancer biology” in order to be useful to clinicians and beneficial to patients.

In a February 1 *New York Times* story (“[Breast Cancer Surgery Rules Called Unclear](#)”), Dr. Morrow provides further perspective on the study and its implications.

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