SURGICAL SERVICE IN A NEWLY FORMED BREAST UNIT IN THE REGIONAL COMPREHENSIVE CANCER CENTRE — QUALITY ASSESSMENT USING EARLY PERFORMANCE INDICATORS

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Background
"The Florence Statement" demands that all women have access to multidisciplinary breast units based on population of around 250,000 and it calls for mandatory quality assurance programs for breast services. Modern management of breast disease is a multidisciplinary undertaking requiring trained and experienced professionals. All breast units engaged in surgical activity must ensure the formation of proper teamwork involving the radiological staff close cooperation with surgeons (image-guided biopsy, palpable lesion localisation, specimen radiogram etc.). The aim of this study was to assess the quality of breast-conserving surgery.

Material and methods
Surgical procedures completed in a newly formed breast unit during the year 2015 were reviewed. Key performance indicators defined and recommended by the European Commission (EC) were measured and calculated. Quality of service was assessed by comparing results to the EC minimum and desirable standards.

Results
All patients (100%) with palpable lesion had localization wire placed within the tumour prior to excision (EC minimum standard 90%, preferred standard > 90%). No frozen sections (0%) were performed (5%, <5%). Proportion of localised palpable lesion successfully excised at the first operation was 97% (>90%, >95%). Proportion of patients where a repeat operation was needed after incomplete excision was 6% (10%, <10%). Proportion of women having 3 or fewer therapeutic breast-conserving operations was 99.5% (90%, >90%). Results are presented in Table 1.

Conclusions
Due to close teamwork of surgical and radiological staff quality of breast-conserving surgical service meets EC standards at desirable levels.

Table 1

<table>
<thead>
<tr>
<th>Performance indicator</th>
<th>Result</th>
<th>Minimum standard</th>
<th>Preferred standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wire localisation of palpable lesions</td>
<td>100%</td>
<td>90%</td>
<td>&gt;90%</td>
</tr>
<tr>
<td>Frozen sections</td>
<td>0%</td>
<td>5%</td>
<td>&lt;5%</td>
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<tr>
<td>Localised palpable lesion successfully excised at the first attempt</td>
<td>97%</td>
<td>&gt;90%</td>
<td>&gt;95%</td>
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<tr>
<td>Re-excision rate (all patients)*</td>
<td>6%</td>
<td>10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>Re-excision rate (cancers, BS)</td>
<td>7%</td>
<td>10%</td>
<td>&lt;10%</td>
</tr>
<tr>
<td>Women having 3 or fewer therapeutic operations BCS (all patients)*</td>
<td>99.5%</td>
<td>90%</td>
<td>&gt;90%</td>
</tr>
<tr>
<td>Women having 3 or fewer therapeutic operations BCS (cancers, BS)</td>
<td>99.4%</td>
<td>90%</td>
<td>&gt;90%</td>
</tr>
</tbody>
</table>

* cancers (BS): lesions suspicious of malignancy (95%) and/or extramammary extension (BS): axilla, pectoral fascia, pectoral muscle, subcutaneous, imaging findings discordant (EC 1.1915, 626-6269, GSAC category)

Keywords
breast cancer, breast unit, performance indicators