

Cancer Surgery

GUIDELINE	DOCUMENT	ORGANISATION/ COUNTRY	YEAR PUBLISHED
Advanced Breast Cancer	Advanced breast cancer: diagnosis and treatment (CG81)	National Institute for Health and Care Excellence (NICE), UK	2017
<p>Comments: This NICE guideline is to be updated in the near future.</p>			
Advanced Breast Cancer	3rd ESO-ESMO international consensus guidelines for advanced breast cancer (ABC3)	European Society for Medical Oncology (ESMO)	2016
<p>Comments: Interesting consensus vote and comments on performing surgery on patients with stage IV disease. As ever, entry into clinical trials is recommended.</p>			
Contralateral Mastectomy	Contralateral Prophylactic Mastectomy Consensus Statement & Contralateral Prophylactic Mastectomy: Shared Decision Making	American Society of Breast Surgeons, USA	2016
<p>Comments: The American Society of Breast Surgery have produced a comprehensive review of the literature on Contralateral Mastectomy in patients with unilateral cancers (called prophylactic mastectomy in their papers). There is also a paper on shared decision making with patients. The cost of surveillance versus surgery and the psychosocial impact of surgery and the importance of shared decision making are discussed. ABS supports the advice contained in the above document. There is also an ABS summary statement designed to help the decision making process for surgeons which can be found elsewhere in this section.</p>			
Contralateral Mastectomy	Society of Surgical Oncology Breast Disease Working Group Statement on Prophylactic (Risk Reducing) Mastectomy	Society of Surgical Oncology, USA	2017
<p>Comments: This document provides a comprehensive review of the evidence behind the surgical management of risk reducing and contralateral mastectomies. Evaluation of surgical techniques is included as are chemopreventative measures.</p>			
Contralateral Mastectomy	ABS Summary Statement: Contralateral mastectomy for unilateral breast cancer	Association of Breast Surgery, UK	2017
<p>Comments: None</p>			

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Early Breast Cancer	Early and locally advanced breast cancer: diagnosis and treatment	National Institute for Health and Care Excellence (NICE), UK	2018
<p>Comments:</p> <p>NICE have updated their guidance on the management of early breast cancer to take into account developments since the 2009 iteration of this guidance.</p> <p>They recommend re-excision of breast tissue should be offered if DCIS or invasive cancer is present at the radial margins (tumour on ink). Re-excision should be considered if tumour is 0 to 2mm from radial margins. A similar conclusion is presented by ASCO. Following a literature review, the consensus statement from ABS is that, if excision of DCIS with a margin of 1mm or greater is achieved, routine re-excision is not warranted. This consensus statement can be found on the ABS guidance page under "Cancer Surgery".</p> <p>Advice on breast reconstruction is now included in the guidance as is advice on extended endocrine therapy and lifestyle.</p> <p>Predict.nhs is recommended to aid decision making around adjuvant therapy and to estimate prognosis.</p> <p>There is no comment on tumour profiling tests to guide adjuvant chemotherapy decisions. The guidance around these is the subject of a separate NICE assessment process and will be published late 2018.</p>			
Early Breast Cancer	The European Society of breast specialists recommendations for the management of young women with breast cancer	European Society of Breast Cancer Specialists (EUSOMA)	2012
<p>Comments:</p> <p>EUSOMA define "young" as age <40 and "very young" as age <35y. Their guidance gives a very good overview of the evidence surrounding the treatment of breast cancer in young women. This includes difficult issues such as sexual dysfunction, fertility preservation and bone health.</p> <p>The EUSOMA guidance also recommends margins of 2mm or more for DCIS. The ABS recommendation is 1mm or more and the ABS consensus statement on surgical margins can be found elsewhere in this section</p>			
Early Breast Cancer	Treatment of primary breast cancer. A national clinical guideline	Scottish Intercollegiate Guidelines Network (SIGN), UK	2013
<p>Comments:</p> <p>Succinct presentation of guidelines for the management of breast cancer with accessible summaries of supporting evidence.</p>			
Early Breast Cancer	Primary breast cancer: ESMO clinical practice guidelines for diagnosis, treatment and follow up	European Society for Medical Oncology (ESMO)	2015
<p>Comments:</p> <p>The ESMO guidance recommends a follow up regime for the first 5y post operatively that may be seen as too frequent for the UK though they do acknowledge that there is little concrete evidence base for their recommendations.</p> <p>Distinct from NICE and ABS guidance, the guidance recommends margins of 2mm or more for DCIS whilst accepting no ink on tumour margin for invasive cancer.</p>			

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Management of the axilla following neoadjuvant chemotherapy	Axillary surgery following Neoadjuvant Chemotherapy - Multidisciplinary guidance from the Association of Breast Surgery, Faculty of Oncology of the Royal College of Radiologists, UK Breast Cancer Group, National Coordinating Committee for Breast Pathology and Breast Society of Breast Radiology	ABS/ RCR/ UKBCG/ BSBR/ NCCBreastPathology	2019
<p>Comments:</p> <p>ABS has collaborated with UK national associations representing all the major disciplines of the breast multidisciplinary team to produce guidance on the management of the axilla in patients receiving neoadjuvant chemotherapy. The guidance is based on best available evidence and promotes a pragmatic approach aimed at appropriate levels of axillary surgery depending on each patient's clinical situation</p>			
Management of the axilla in early breast cancer	ABS Consensus Statement: Management of the Malignant Axilla in Early Breast Cancer	Association of Breast Surgery, UK	2015
<p>Comments:</p> <p>None</p>			
Management of the axilla in early breast cancer	ABS Summary Statement: Use of Blue Dye for SLNB	Association of Breast Surgery, UK	2009
<p>Comments:</p> <p>None</p>			
Management of the axilla in early breast cancer	Intraoperative tests (RD-100i OSNA system and Metasin test) for detecting sentinel lymph node metastases in breast cancer (DG8)	National Institute for Health and Care Excellence (NICE), UK	2013
<p>Comments:</p> <p>NICE have undertaken a comprehensive review of the OSNA and Metasin tests for the intraoperative diagnosis of sentinel node metastases. They are able to recommend OSNA but not Metasin. Full details are found in this NICE guidance.</p>			
Management of the axilla in early breast cancer	Sentinel Lymph node biopsy for patients with early stage breast cancer update	American Society for Clinical Oncology (ASCO), USA	2016
<p>Comments:</p> <p>The ASCO recommendations are similar to those proposed in the ABS Summary Statement: Management of the Malignant Axilla in Early Breast Cancer and are supported by the ABS.</p>			

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Management of the axilla in early breast cancer	Axillary treatment for operable primary breast cancer	Cochrane Library, UK	2017
<p>Comments:</p> <p>This is a comprehensive and rigorous review of all modern published data on axillary treatment in women with early breast cancer. Sentinel node biopsy, axillary surgery and axillary radiotherapy are examined.</p>			
Pregnancy	Pregnancy & Breast Cancer	Royal College of Obstetricians & Gynaecologists, UK	2011
<p>Comments:</p> <p>Although this guidance was published in 2011, it remains the most recent publication on Pregnancy and Breast Cancer by a UK organisation. It is extensively referenced and provides clear, practical guidance on the management of pregnancy at the time of diagnosis, lactation, post diagnosis pregnancy and contraception. This guidance is fully supported by the ABS.</p>			
Surgical Margins	SSO, ASRO, ASCO Consensus Guidelines on Margins for BCS with Whole Breast Irradiation in DCIS	American Society for Clinical Oncology (ASCO)	2016
<p>Comments:</p> <p>The American view point is that a 2mm margin provides “optimised local control” but that in patients with smaller negative margins (0-2mm) “clinical judgement must be used” to determine if re-excision is required.</p>			
Surgical Margins	ABS Consensus Statement: Margin width in breast conservation surgery	Association of Breast Surgery, UK	2015
<p>Comments:</p> <p>Following a literature review, the consensus statement from the ABS is that, if excision of DCIS with a margin of 1mm or greater is achieved, routine re-excision is not warranted. This consensus statement can be found on the ABS guidance page under “Cancer Surgery”.</p>			
Surgical Margins	The association of surgical margins and local recurrence in women with DCIS treated with BCS: a meta-analysis	Marinovich M et al. Ann Surg Oncol. 2016 Nov; 23(12): 3811-3821	2016

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The guideline title in the document column includes a hyperlink to the relevant guideline. Please view the document on the ABS website to follow these links.