

## Cancer Surgery

GUIDELINE	DOCUMENT	ORGANISATION / COUNTRY	YEAR PUBLISHED
<b>Early Breast Cancer</b>	<b>Early and locally advanced breast cancer: diagnosis and treatment</b>	National Institute for Health and Care Excellence (NICE), UK	2018
Comments:			
<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 considered if radial margin of excision around DCIS is less than 2mm. 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. 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>			
<b>Early Breast Cancer</b>	<b>The European Society of breast specialists recommendations for the management of young women with breast cancer</b>	European Society of Breast Cancer Specialists (EUSOMA)	2012
Comments:			
<p>EUSOMA define "young" as age &lt;40 and "very young" as age &lt;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>			
<b>Early Breast Cancer</b>	<b>Treatment of primary breast cancer. A national clinical guideline</b>	Scottish Intercollegiate Guidelines Network (SIGN), UK	2013
Comments:			
<p>Succinct presentation of guidelines for the management of breast cancer with accessible summaries of supporting evidence.</p>			

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<b>Early Breast Cancer</b>	<b>Primary breast cancer: ESMO clinical practice guidelines for diagnosis, treatment and follow up</b>	European Society for Medical Oncology (ESMO)	2015
Comments:			
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.			
The guidance also recommends margins of 2mm or more for DCIS whilst accepting no ink on tumour margin for invasive cancer. The ABS consensus statement on surgical margins can be found elsewhere in this section			
<b>Advanced Breast Cancer</b>	<b>Advanced breast cancer: diagnosis and treatment (CG81)</b>	National Institute for Health and Care Excellence (NICE), UK	2017
Comments:			
This NICE guideline is to be updated in the near future.			
<b>Advanced Breast Cancer</b>	<b>3rd ESO-ESMO international consensus guidelines for advanced breast cancer (ABC3)</b>	European Society for Medical Oncology (ESMO)	2016
Comments:			
Interesting consensus vote and comments on performing surgery on patients with stage IV disease. As ever, entry into clinical trials is recommended.			
<b>Surgical Margins</b>	<b>SSO, ASRO, ASCO Consensus Guidelines on Margins for BCS with Whole Breast Irradiation in DCIS</b>	American Society for Clinical Oncology (ASCO)	2016
Comments:			
NICE recommends re-excision of breast tissue if radial margin of excision is less than 2mm. 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".			
<b>Surgical Margins</b>	<b>ABS Consensus Statement: Margin width in breast conservation surgery</b>	Association of Breast Surgery, UK	2015
Comments:			
NICE recommends re-excision of breast tissue if radial margin of excision is less than 2mm. 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".			

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GUIDELINE	DOCUMENT	ORGANISATION / COUNTRY	YEAR PUBLISHED
<b>Surgical Margins</b>	<b>The association of surgical margins and local recurrence in women with DCIS treated with BCS: a meta-analysis</b>	Marinovich M et al. Ann Surg Oncol. 2016 Nov; 23(12): 3811-3821	2016
Comments: This paper is a meta-analysis of the evidence on surgical margins and recurrence for the treatment of DCIS. Currently, Oncotype testing for a DCIS recurrence score is not routine practice in the UK.			
<b>Contralateral Mastectomy</b>	<b>Contralateral Prophylactic Mastectomy Consensus Statement &amp; Contralateral Prophylactic Mastectomy: Shared Decision Making</b>	American Society of Breast Surgeons, USA	2016
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.			
<b>Contralateral Mastectomy</b>	<b>Society of Surgical Oncology Breast Disease Working Group Statement on Prophylactic (Risk Reducing) Mastectomy</b>	Society of Surgical Oncology, USA	2017
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.			
<b>Contralateral Mastectomy</b>	<b>ABS Summary Statement: Contralateral mastectomy for unilateral breast cancer</b>	Association of Breast Surgery, UK	2017
Comments: None			
<b>Axilla</b>	<b>ABS Consensus Statement: Management of the Malignant Axilla in Early Breast Cancer</b>	Association of Breast Surgery, UK	2015
Comments: None			

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Axilla	<b>ABS Summary Statement: Use of Blue Dye for SLNB</b>	Association of Breast Surgery, UK	2009
Comments:			
None			
Axilla	<b>Intraoperative tests (RD-100i OSNA system and Metasin test) for detecting sentinel lymph node metastases in breast cancer (DG8)</b>	National Institute for Health and Care Excellence (NICE), UK	2013
Comments:			
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.			
Axilla	<b>Sentinel Lymph node biopsy for patients with early stage breast cancer update</b>	American Society for Clinical Oncology (ASCO), USA	2016
Comments:			
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.			
Axilla	<b>Axillary treatment for operable primary breast cancer</b>	Cochrane Library, UK	2017
Comments:			
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.			
Pregnancy	<b>Pregnancy &amp; Breast Cancer</b>	Royal College of Obstetricians & Gynaecologists, UK	2011
Comments:			
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.			

<b>Date:</b>	August 2018
<b>Version:</b>	2

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.