9TH AARHUS WORKSHOP IN BREAST SURGERY
MAY 20TH 2021

ONCOPLASTIC BREAST CONSERVING SURGERY:
RECOMMENDATIONS DEVELOPED WITH THE GRADE METHOD

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G.RE.T.A. GROUP FOR RECONSTRUCTIVE AND THERAPEUTIC ADVANCEMENTS

THE POTENTIAL ADVANTAGES OF ONCOPLASTIC BCS
HAVE NOT BEEN VALIDATED IN ROBUST STUDIES
THAT CONSTITUTE HIGH LEVELS OF EVIDENCE,
DESPITE ONCOPLASTIC TECHNIQUES BEING WIDELY ADOPTED AROUND THE GLOBE

IY WE FELT THE NEED TO DEFINE THE PRECISE ROLE OF OPBCS IN THE TREATMENT OF EARLY BREAST
WITH THE PRODUCTION OF RECOMMENDATIONS FOR CLINICAL PRACTICE

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WE CONVENED A PANEL OF WORLD-RENOWNED BREAST SPECIALISTS TO EVALUATE EVIDENCE, EXPRESS PERSONAL VIEWPOINTS AND ESTABLISH RECOMMENDATIONS E USE OF OPBCS VS. STANDARD BCS AS PRIMARY TREATMENT OF UNIFOCAL EARLY STAGE BREAST CA USING THE GRADE APPROACH

Name	Specialty	Country
Werner Audretsch	Breast Oncoplastic Surgeon	Germany
John Benson	Breast Oncoplastic Surgeon	UK
Giuseppe Catanuto	Breast Oncoplastic Surgeon	Italy
Carmen Criscitiello	Medical Oncologist	Italy
Rosa Di Micco	Breast Oncoplastic Surgeon	Italy
Margarita Gjeloshi	Breast Nurse	Italy
Tibor Kovacs	Breast Oncoplastic Surgeon	Hungary/UK/China
Steven Kronowitz	Plastic Surgeon	USA
Henry Kuerer	Breast Oncoplastic Surgeon	USA
Laura Lozza	Radiation Oncologist	Italy
Giacomo Montagna	Breast Oncoplastic Surgeon	Switzerland/USA
Nahid Nafissi	Breast Oncoplastic Surgeon	Iran
Maurizio Bruno Nava	Breast Oncoplastic Surgeon	Italy
Rachel O'Connel	Breast Oncoplastic Surgeon	UK
Serena Oliveri	Psycho-oncologist	Italy
Loredana Pau	Patient Advocacy	Italy
Giancarlo Pruneri	Pathologist	Italy
Nicola Rocco	Breast Oncoplastic Surgeon	Italy
Gianfranco Scaperrotta	Breast Radiologist	Italy
Achilles Thoma	Plastic Surgeon	Canada
Zoe Winters	Breast Oncoplastic Surgeon	UK

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RATING QUALITY OF EVIDENCE AND STRENGTH OF RECOMMENDATIONS

GRADE: going from evidence to recommendations

The GRADE system classifies recommendations made in guidelines as either strong or weak. This article explores the meaning of these descriptions and their implications for patients, clinicians, and policy makers

BMJ | 10 MAY 2008 | VOLUME 336

“CRITICAL OUTCOMES”
FOR DECISION-MAKING IN ONCOPLASTIC BCS
(PRIORITIZED AS FOLLOWS):

QUALITY OF LIFE
PATIENT’S SATISFACTION WITH AESTHETIC OUTCOME
LOCO-REGIONAL RECURRENCE
RE-EXCISION RATE (FOR POSITIVE MARGINS)
CONVERSION TO MASTECTOMY (FOR POSITIVE MARGINS)
OVERALL SURVIVAL
MARGIN POSITIVITY RATE
DISEASE-FREE SURVIVAL
SURGICAL COMPLICATIONS

GRADE

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CERTAINTY OF EVIDENCE

FOR EACH SELECTED OUTCOME,
AN EVALUATION OF THE CERTAINTY OF EVIDENCE
WAS PERFORMED BASED ON THE GRADE APPROACH

LITERATURE WAS EXPLORED ACCORDING TO FIVE MAIN DOMAINS:
STUDY LIMITATIONS, IMPRECISION, INDIRECTNESS, INCONSISTENCY AND PUBLICATION BIAS
WITH A FINAL JUDGMENT ON THE CERTAINTY OF EVIDENCE
(HIGH, MODERATE, LOW AND VERY LOW)

BASED ON THE STUDY DESIGN,
THE CERTAINTY LEVEL STARTS AT A PRE-SPECIFIED LEVEL
(HIGH CERTAINTY FOR RCTs)
THE DETECTION OF LIMITATIONS IN ONE OR MORE OF THE FIVE DOMAINS
CAN LEAD TO DOWNGRADING THE CERTAINTY OF THE EVIDENCE

GRADE

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ACCORDING TO THE GRADE METHOD, WE USED AN
EVIDENCE TO DECISION (EtD) FRAMEWORK
PROVIDING A TRANSPARENT AND STRUCTURED APPROACH TO SUPPORT DECISION-MAKING

IT ALLOWS EVIDENCE TO BE SUMMARISED IN RELATION TO
PRIORITIZATION OF THE PROBLEM,
EFFECTS OF THE INTERVENTION,
BALANCE OF THE EFFECTS,
CERTAINTY OF EVIDENCE,
PATIENTS VALUES AND PREFERENCE,
USE OF RESOURCES, EQUITY, ACCEPTABILITY AND FEASIBILITY

GRADE

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DURING THE FACE-TO-FACE MEETING HELD IN MILAN IN DECEMBER 2019
(MBN 2019 ONCOPLASTIC BREAST MEETING),
THE PANELISTS WERE ASKED TO EXPRESS THEIR OPINION
ON EACH OF THE EtD DOMAINS

GRADE

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INCLUDED STUDIES

THE ANALYSIS INCLUDED
STUDIES COMPARING OPBCS (LEVEL I AND LEVEL II TECHNIQUES) VS SBCS
FOR THE TREATMENT OF INVASIVE BREAST CANCER AND DCIS
CONDUCTED IN THE US, UK, EUROPE, SOUTH AMERICA, CHINA, INDIA, CANADA, ISRAEL AND IRAN
WITH INVOLVEMENT OF 193,833 PATIENTS
AND A MEAN OF 6683 WOMEN PER TRIAL

STUDY DESIGN INCLUDED PROSPECTIVE COHORTS, CASE-CONTROL STUDIES,
CROSS-SECTIONAL STUDIES AND DATABASE ANALYSES

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EFFECTS OF INTERVENTIONS

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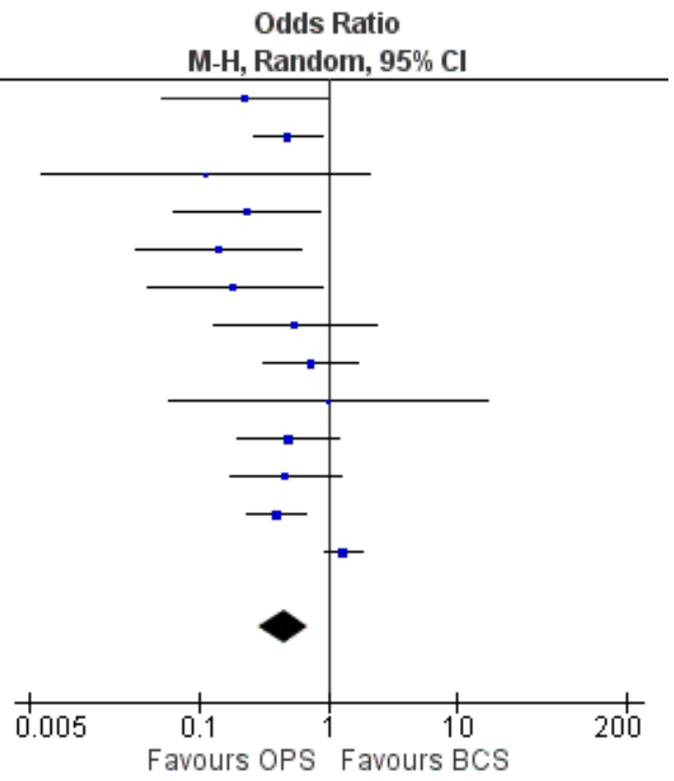
MARGIN POSITIVITY

Study or Subgroup	OPS Events	OPS Total	BCS Events	BCS Total	Weight	Odds Ratio M-H, Random, 95% CI
Bali 2018	2	35	35	166	5.8%	0.23 [0.05, 0.99]
Carter 2016	12	1177	74	3559	11.8%	0.49 [0.26, 0.90]
Chauhan 2016	0	33	5	46	2.0%	0.11 [0.01, 2.11]
Di Micco 2017	3	70	14	87	6.8%	0.23 [0.06, 0.85]
Down 2013	2	37	35	121	5.8%	0.14 [0.03, 0.62]
Giacalone 2006	2	42	12	57	5.4%	0.19 [0.04, 0.89]
Giacalone 2007	3	31	7	43	5.9%	0.55 [0.13, 2.33]
Gulcelik 2013	9	106	18	162	9.9%	0.74 [0.32, 1.72]
Kaur 2005	1	30	1	30	2.2%	1.00 [0.06, 16.76]
Loksen 2014	7	83	22	139	9.4%	0.49 [0.20, 1.20]
Nisiri 2018	6	154	13	163	8.7%	0.47 [0.17, 1.26]
Palsdottir 2018	19	85	275	655	12.4%	0.40 [0.23, 0.68]
Wijgman 2017	71	314	96	528	13.8%	1.31 [0.93, 1.86]
Total (95% CI)		**2197**		**5756**	**100.0%**	**0.45 [0.29, 0.71]**
Total events	137		607			

Heterogeneity: $Tau^2 = 0.35$; $Chi^2 = 34.07$, df = 12 (P = 0.0007); $I^2 = 65\%$

Test for overall effect: Z = 3.44 (P = 0.0006)

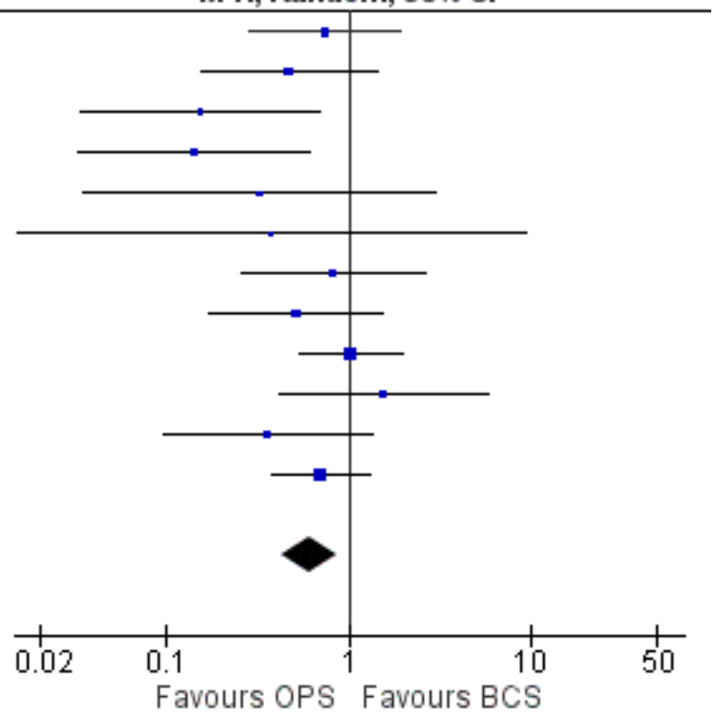


CERTAINTY OF EVIDENCE : LOW

RE-EXCISION OF POSITIVE MARGINS

Study or Subgroup	OPS Events	OPS Total	BCS Events	BCS Total	Weight	Odds Ratio M-H, Random, 95% CI
Bali 2018	6	35	36	166	10.8%	0.75 [0.29, 1.94]
Calì-Cassi 2016	4	61	20	154	8.4%	0.47 [0.15, 1.44]
Di Micco 2017	2	70	14	87	5.0%	0.15 [0.03, 0.70]
Down 2013	2	37	35	121	5.2%	0.14 [0.03, 0.62]
Giacalone 2006	1	42	4	57	2.5%	0.32 [0.03, 3.00]
Giacalone 2007	0	37	1	43	1.2%	0.38 [0.01, 9.56]
Jonczyk 2018	3	7279	48	95468	7.9%	0.82 [0.26, 2.63]
Nisiri 2018	5	154	10	163	8.7%	0.51 [0.17, 1.54]
Palsdottir 2018	12	85	91	665	18.4%	1.04 [0.54, 1.98]
Piper 2016	6	49	4	49	6.3%	1.57 [0.41, 5.95]
Tenofsky 2014	3	58	11	84	6.3%	0.36 [0.10, 1.36]
Wijgman 2017	15	314	35	528	19.3%	0.71 [0.38, 1.32]
Total (95% CI)		**8221**		**97585**	**100.0%**	**0.61 [0.42, 0.87]**
Total events	59		309			

Heterogeneity: Tau² = 0.07; Chi² = 13.57, df = 11 (P = 0.26); I² = 19%
Test for overall effect: Z = 2.74 (P = 0.006)

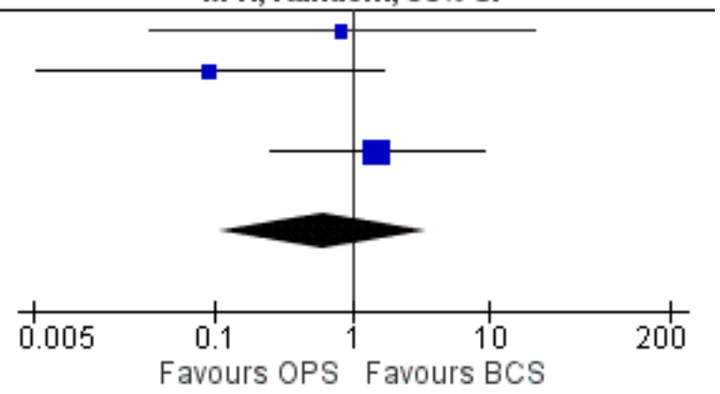


CERTAINTY OF EVIDENCE : VERY LOW

LOCO-REGIONAL RECURRENCE

Study or Subgroup	OPS Events	OPS Total	BCS Events	BCS Total	Weight	Odds Ratio M-H, Random, 95% CI
Calì-Cassi 2016	0	61	1	154	22.9%	0.83 [0.03, 20.70]
Chauhan 2016	0	33	6	46	26.7%	0.09 [0.01, 1.71]
Down 2013	0	37	0	121		Not estimable
Kelemen 2016	3	350	2	350	50.5%	1.50 [0.25, 9.06]
Total (95% CI)		**481**		**671**	**100.0%**	**0.63 [0.11, 3.51]**
Total events	3		9			

Heterogeneity: Tau² = 0.70; Chi² = 2.79, df = 2 (P = 0.25); I² = 28%
Test for overall effect: Z = 0.53 (P = 0.59)



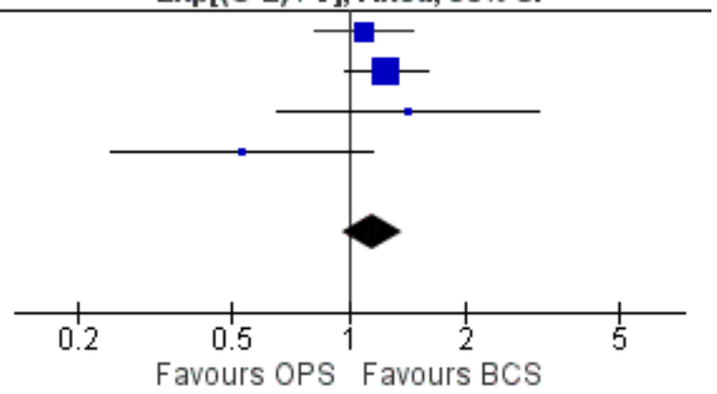
CERTAINTY OF EVIDENCE : VERY LOW

DISEASE-FREE SURVIVAL

Study or Subgroup	OPS Events	OPS Total	BCS Events	BCS Total	O-E	Variance	Weight	Hazard Ratio Exp[(O-E) / V], Fixed, 95% CI
Carter 2016	56	1078	207	3211	4.3	45.1	36.6%	1.10 [0.82, 1.47]
De Lorenzi 2016	107	454	171	908	14.64	65.51	53.1%	1.25 [0.98, 1.59]
Mansell 2017	10	104	37	538	2.28	6.38	5.2%	1.43 [0.66, 3.11]
Rose 2019	11	183	50	1385	-3.99	6.29	5.1%	0.53 [0.24, 1.16]
Total (95% CI)		**1819**		**6042**			**100.0%**	**1.15 [0.96, 1.37]**
Total events	184		465					

Heterogeneity: Chi² = 4.62, df = 3 (P = 0.20); I² = 35%

Test for overall effect: Z = 1.55 (P = 0.12)



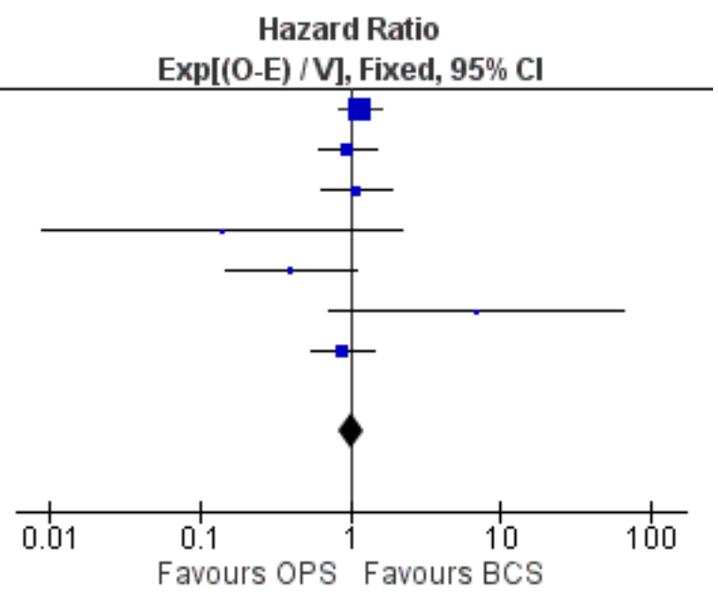
CERTAINTY OF EVIDENCE : VERY LOW

OVERALL SURVIVAL

Study or Subgroup	OPS Events	OPS Total	BCS Events	BCS Total	O-E	Variance	Weight	Hazard Ratio Exp[(O-E) / V], Fixed, 95% CI
Carter 2016	48	1079	182	3213	5.6	37.74	41.1%	1.16 [0.84, 1.60]
De Lorenzi 2016	30	454	60	908	-0.79	19.27	21.0%	0.96 [0.61, 1.50]
Gulcelik 2013	24	106	34	162	1.32	13.87	15.1%	1.10 [0.65, 1.86]
Kelemen 2016	0	350	2	350	-0.98	0.5	0.5%	0.14 [0.01, 2.25]
Mansell 2017	2	104	26	538	-3.48	3.8	4.1%	0.40 [0.15, 1.09]
Piper 2016	3	49	0	49	1.46	0.75	0.8%	7.01 [0.73, 67.35]
Rose 2019	16	197	130	1399	-1.84	15.8	17.2%	0.89 [0.54, 1.46]
Total (95% CI)		**2339**		**6619**			**100.0%**	**1.01 [0.83, 1.24]**
Total events	123		434					

Heterogeneity: Chi² = 9.13, df = 6 (P = 0.17); I² = 34%

Test for overall effect: Z = 0.13 (P = 0.89)



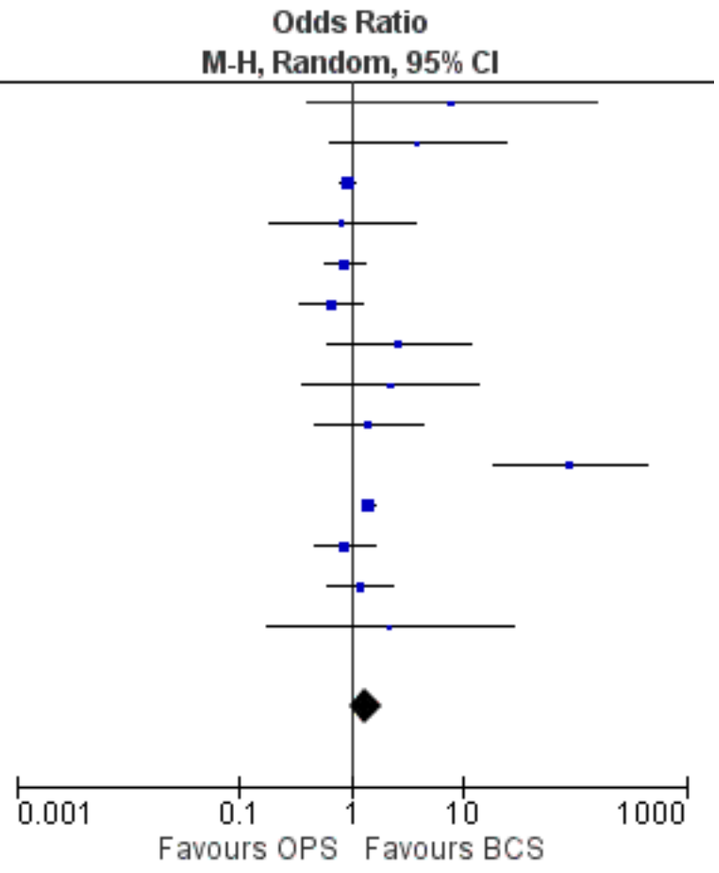
CERTAINTY OF EVIDENCE : VERY LOW

SURGICAL COMPLICATIONS

Study or Subgroup	OPS Events	OPS Total	BCS Events	BCS Total	Weight	Odds Ratio M-H, Random, 95% CI
Acosta-Marin 2014	3	52	0	55	1.2%	7.85 [0.40, 155.74]
Calì-Cassi 2016	3	61	2	154	2.8%	3.93 [0.64, 24.13]
Carter 2016	231	939	587	2258	15.6%	0.93 [0.78, 1.11]
Chauhan 2016	3	33	5	46	3.8%	0.82 [0.18, 3.70]
Cil 2016	23	1363	1418	74609	13.0%	0.89 [0.58, 1.34]
Di Micco 2017	24	70	38	87	10.1%	0.67 [0.35, 1.29]
Dolan 2015	5	83	3	128	4.0%	2.67 [0.62, 11.49]
Down 2013	2	37	3	121	2.8%	2.25 [0.36, 13.99]
Giacalone 2006	7	42	7	57	5.7%	1.43 [0.46, 4.44]
Giacalone 2007	28	31	4	43	3.5%	91.00 [18.86, 439.03]
Jonczyk 2018	233	7279	2144	95468	15.9%	1.44 [1.25, 1.65]
Kelemen 2016	20	350	23	350	10.5%	0.86 [0.46, 1.60]
Palsdottir 2018	11	85	73	665	9.7%	1.21 [0.61, 2.38]
Shechter 2019	2	12	1	12	1.5%	2.20 [0.17, 28.14]
Total (95% CI)		**10437**		**174053**	**100.0%**	**1.35 [0.97, 1.88]**
Total events	595		4308			

Heterogeneity: Tau² = 0.18; Chi² = 55.47, df = 13 (P < 0.00001); I² = 77%

Test for overall effect: Z = 1.77 (P = 0.08)



CERTAINTY OF EVIDENCE : VERY LOW

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QUALITY OF LIFE

SURPRISINGLY ONLY FEW STUDIES COMPARING OPBCS AND STANDARD BCS ASSESSED QoL AND PATIENT'S SATISFACTION WITH THE AESTHETIC OUTCOME, EVEN THOUGH THE POSITIVE EFFECTS ON PROMs ARE AMONG THE STRONGEST SUPPOSED ADVANTAGES OF OPBCS COMPARED TO STANDARD BCS

RING OPBCS AND SBCS REPORTING DATA ON QoL ARE AVAILABLE IN LITERATURE, ALL DESIGNED AS C

HIGH HETEROGENEITY IN THE REPORTING OF QoL DID NOT ALLOW META-ANALYSES OF DATA

NO SIGNIFICANT DIFFERENCES IN TERMS OF QoL WERE REPORTED IN THE THREE INCLUDED STUDIES BETWEEN OPBCS AND SBCS

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PATIENT'S SATISFACTION WITH AESTHETIC OUTCOME

7 STUDIES COMPARING OPBCS WITH SBCS REPORTING DATA ABOUT PATIENTS' SATISFACTION WITH THE AESTHETIC OUTCOME ARE AVAILABLE IN LITERATURE, ALL DESIGNED AS OBSERVATIONAL STUDIES

HIGH HETEROGENEITY IN THE REPORTING OF PATIENTS' SATISFACTION DID NOT ALLOW META-ANALYSES OF DATA

ONE STUDY REPORTED SIGNIFICANT WORSE OUTCOMES IN THE OPBCS GROUP

ALL THE OTHER STUDIES DID NOT FIND SIGNIFICANT DIFFERENCES IN TERMS OF PATIENTS' SATISFACTION WITH THE AESTHETIC OUTCOME BETWEEN OPBCS AND SBCS

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BALANCE OF THE EFFECTS

EVEN THOUGH THE EVIDENCE ABOUT
THE EFFECTS OF OPBCS COMPARED TO SBCS IS VERY UNCERTAIN,
THE SUPPOSED ADVANTAGES OF OPBCS IN TERMS OF
IMPROVED QOL AND SATISFACTION WITH AESTHETIC OUTCOMES
BALANCED WITH NO HIGHER RATES OF COMPLICATIONS
BROUGHT THE PANELISTS
TO CONSIDER THE INTERVENTION MORE FAVORABLE THAN SBCS

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CERTAINTY OF EVIDENCE

THE OVERALL CERTAINTY OF EVIDENCE WAS JUDGED AS VERY LOW DUE TO RISK OF BIAS, IMPRECISION OF ESTIMATES AND PUBLICATION BIAS

PATIENTS' VALUES AND PREFERENCES

IT IS UNKNOWN WHAT VALUE PATIENTS CAN GIVE TO EACH CONSIDERED OUTCOME
BECAUSE NO TOOLS ARE AVAILABLE TO INVESTIGATE PATIENTS' VALUES
AND NONE OF THE INCLUDED STUDIES INVESTIGATED PATIENTS' VALUES AND PREFERENCES

ANY DATA, THE MAJORITY OF THE PANEL CONCLUDED THAT THERE IS LIKELY SIGNIFICANT UNCERTAI
IN HOW PATIENTS COULD VALUE THE MAIN OUTCOMES

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PATIENTS' VALUES AND PREFERENCES

THE LACK OF ASSESSMENT IN THIS FIELD MAY REFLECT AN
HAT SURGICAL INTERVENTIONS DESIGNED TO MAXIMIZE COSMETIC OUTCOMES MUST NECESSARILY IM
MORE STANDARDISED TOOLS FOR PATIENTS' PREFERENCE ASSESSMENT
WITH CLINICAL UTILITY ARE URGENTLY REQUIRED
AS THE IDENTIFICATION OF PATIENTS PREFERENCES IN TERMS OF OUTCOMES
ARE A REAL-WORLD PRIORITY

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RESOURCES REQUIRED

URES MAY REQUIRE LONGER OPERATIVE TIMES AND HIGHER RELATED COSTS IN TERMS OF OPERATIN

NO PARTICULAR TOOLS ARE REQUIRED FOR OPBCS PROCEDURES

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COST EFFECTIVENESS

ONLY ONE STUDY ON THERAPEUTIC MAMMAPLASTIES WAS AVAILABLE IN LITERATURE FOR COMPLETE ECONOMIC EVALUATION

THE COST-UTILITY ANALYSIS PERFORMED IN THE USA UNDERLINED THE RELEVANCE ATTRIBUTED TO IMPROVED QOL WITH THE USE OF OPBCS

UTILITY VALUES WERE OBTAINED INDIRECTLY BASED ON THE OPINION OF SURGICAL EXPERTS (UNCERTAINTIES REMAIN THAT THEIR OPINION FULLY REFLECTS THAT OF THEIR PATIENTS)

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COST EFFECTIVENESS

ESTIMATES OF THE INCIDENCE OF COMPLICATIONS, POSITIVE MARGIN RATE, RE-EXCISION AND CONVERSION TO MASTECTOMY WERE OBTAINED FROM LITERATURE REVIEWS

THE ECONOMIC ANALYSIS WAS DONE ACCORDING TO THE PERSPECTIVE OF THIRD PARTY PAYMENT AND CONSIDERING THE DIRECT HEALTH COSTS (RELATED TO 2014 FOR THE USA)

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COST EFFECTIVENESS

THE COMPLETE ECONOMIC EVALUATION INDICATED AN OVERALL COST-EFFECTIVENESS OF THERAPEUTIC MAMMAPLASTIES VS. STANDARD LUMPECTOMIES

IT IS DOUBTFUL WHETHER THE COST ESTIMATES EVALUATED IN THESE ANALYSES CAN BE TRANSLATED INTO OTHER COUNTRIES CONTEXTS AND EXTRAPOLATED FOR OTHER TYPES OF OPBCS (DIFFERENT FROM THERAPEUTIC MAMMAPLASTIES)

Chatterjee A, Offodile AC II, Asban A, Minasian RA, Losken A, Graham R, Chen L, Czerniecki BJ, Fisher C.
A Cost-Utility Analysis Comparing Oncoplastic Breast Surgery to Standard Lumpectomy in Large Breasted Women.
Advances in Breast Cancer Research 2018; 7 (2)

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EQUITY

MORE EXTENSIVE SURGERY MAY INCREASE COSTS
FOR NATIONAL HEALTHCARE SYSTEMS

HOWEVER INTRODUCTION OF ONCOPLASTIC TECHNIQUES (ESPECIALLY LEVEL 1)
IS NOT EXPECTED TO GENERATE SIGNIFICANT DISPARITIES
AND DOES NOT INVOLVE COMPLEX TECHNOLOGIES
NOR DEMAND EXCEPTIONAL LEVELS OF SURGICAL SKILL AND TRAINING

IN SOME HEALTHCARE SYSTEMS,
WELL TRAINED ONCOPLASTIC SURGEONS ARE CONFINED TO TERTIARY CARE HOSPITALS AND
MORE PERIPHERAL BREAST UNITS MAY NOT HAVE ACCESS TO A FULL REPERTOIRE
OF ONCOPLASTIC BREAST SURGERY

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ACCEPTABILITY

ONLY THREE STUDIES CONTAINED INFORMATION RELATING TO THE IMPACT OF ACCEPTABILITY OF OPBCS TO STAKEHOLDERS

THE AMERICAN SOCIETY OF BREAST SURGEONS FOUND A STRONG MOTIVATION AMONGST SURGEONS FOR PROVIDING ONCOPLASTIC SURGERY

SIMILAR ENTHUSIASM FROM SURGICAL GROUPS HAS BEEN NOTED IN OTHER NATIONAL REPORTS (UK ASSOCIATION OF BREAST SURGERY, DANISH BREAST CANCER GROUP) BUT SURGEONS ARE NOT THE ONLY STAKEHOLDERS INVOLVED IN THIS CONTEXT

NO INFORMATION IS AVAILABLE FROM NURSING REPRESENTATIVES, PATIENT ADVOCACY GROUPS OR MANAGERIAL HOSPITAL STAFF

FEASIBILITY

OCEDURES ARE NOT ESPECIALLY CHALLENGING OPERATIONS AND THE NECESSARY SKILLS CAN BE A

NO CONCLUSIVE INFORMATION WAS AVAILABLE
ON THE FEASIBILITY DOMAIN OF GRADE

SINGLE STUDIES REVEALED
OBSTACLES TO THE IMPLEMENTATION OF ONCOPLASTIC SURGICAL SERVICES
DUE TO THE POOR TRAINING OF JUNIOR DOCTORS IN THIS FIELD

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FEASIBILITY

THE MAJORITY OF PANEL MEMBERS FELT THAT THIS INTERVENTION COULD BE RELATIVELY EASILY IMPLEMENTED

DEDICATED TRAINING PROGRAMMES INCORPORATING BASIC KNOWLEDGE AND PRINCIPLES OF ONCOPLASTIC SURGERY SHOULD BE ESTABLISHED BY POSTGRADUATE MEDICAL EDUCATION SYSTEMS UNDER THE AEGIS OF PROFESSIONAL ASSOCIATIONS ALLIED TO BREAST CANCER MANAGEMENT

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LIMITATIONS OF THE STUDY

**ALTHOUGH ALL MEMBERS OF THE PANEL CONSIDERED OPBCS TO BE A RESEARCH PRIORITY,
SOME BREAST CANCER SPECIALISTS ARE SKEPTICAL AS TO WHETHER
THIS NEEDS FORMAL EVIDENCE-BASED VALIDATION,
AS IT COULD BE VIEWED AS SIMPLY A VARIANT FORM OF BCS
THAT HAS ALREADY BEEN VALIDATED IN RCTs**

**OTHER LIMITATIONS RELATE TO A PAUCITY OF HIGH QUALITY PUBLICATIONS
THAT EITHER FAIL TO ADDRESS KEY OUTCOMES OR INCLUDE POORLY DESIGNED STUDIES
WITH MUCH HETEROGENEITY
OR SUB-STANDARD METHODOLOGY FOR ASSESSMENT OF OUTCOMES**

LIMITATIONS OF THE STUDY

THE PANEL PRIORITIZED OUTCOMES IN THE PRELIMINARY PHASE OF THE GRADE PROCESS AND IDENTIFIED QoL AND PATIENT-REPORTED AESTHETIC OUTCOME AS THE TWO MOST RELEVANT OUTCOMES FOR OPBCS, ALTHOUGH IRONICALLY THESE OUTCOMES WERE EXCLUDED FROM MOST STUDIES COMPARING ONCOPLASTIC VS. STANDARD BCS

ONLY THREE STUDIES ASSESSED QoL WITH ONE OF THESE USING STANDARD MEASUREMENT TOOLS INAPPROPRIATELY BY NOT APPLYING ALL THE DOMAINS

AMONGST THE STUDIES ASSESSING PATIENT-REPORTED AESTHETIC OUTCOME, ONLY HALF USED STANDARDIZED TOOLS

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LIMITATIONS OF THE STUDY

WITHOUT USE OF STANDARDISED TOOLS WITH MUCH VARIATION IN DEFINITION AND ASSESSMENT OF

RRENTLY AVAILABLE TOOLS FOR ASSESSMENT OF COMPLICATIONS SHOULD BE REFINED AND ADAPT

DATA AVAILABLE IN LITERATURE DID NOT ALLOW ANY SUBGROUP ANALYSIS FOR LEVEL I VS. LEVEL II ONCOPLASTIC PROCEDURES

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RESEARCH PRIORITIES

THE GENERATION OF ROBUST EVIDENCE IS CHALLENGING FOR SURGERY AND LIMITED BY STANDARDIZATION OF TECHNIQUES AND TAILORED APPROACHES TO TREATMENT

PARAMOUNT AMONGST THE KNOWLEDGE GAPS IN BREAST CANCER RESEARCH AND TREATMENT IS THE NEED TO CAREFULLY EVALUATE THE EFFECTIVENESS OF OPBCS WHICH COULD REPRESENT AN ESCALATION OF SURGICAL COMPLEXITY

THERE ARE AREAS OF CONTROVERSY TO BE RESOLVED, ESPECIALLY RELATING TO COMPLICATIONS, COST-EFFECTIVENESS AND PATIENT REPORTED OUTCOMES

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CONCLUSIONS

OUR REVIEW HAS REVEALED A
LOW LEVEL OF EVIDENCE FOR MOST OF THE IMPORTANT OUTCOMES IN ONCOPLASTIC BCS
WITH LACK OF ANY RANDOMIZED DATA
AND ABSENCE OF STANDARD TOOLS FOR EVALUATION OF CLINICAL OUTCOMES
AND ESPECIALLY PATIENT'S VALUES

DESPITE AREAS OF CONTROVERSY,
T ONE THIRD (36%) OF PANEL MEMBERS EXPRESSED A STRONG RECOMMENDATION IN SUPPORT OF O

PRESUMABLY, THIS REFLECTS A SYNTHESIS OF VIEWS ON
THE RELATIVE COMPLEXITY OF THESE TECHNIQUES,
ASSOCIATED COMPLICATIONS, IMPACT ON QUALITY OF LIFE AND COSTS

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ULD BE INFORMED OF THE FOLLOWING RECOMMENDATION BEFORE CONSENTING TO UNDERGO ANY BC

ONCOPLASTIC BCS SHOULD BE RECOMMENDED VERSUS STANDARD BCS FOR THE TREATMENT OF OPERABLE BREAST CANCER IN ADULT WOMEN WHO ARE SUITABLE CANDIDATES FOR BREAST CONSERVING SURGERY (WITH VERY LOW CERTAINTY OF EVIDENCE)

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Should oncoplastic breast conserving surgery be used for the treatment of early stage breast cancer? Using the GRADE approach for development of clinical recommendations

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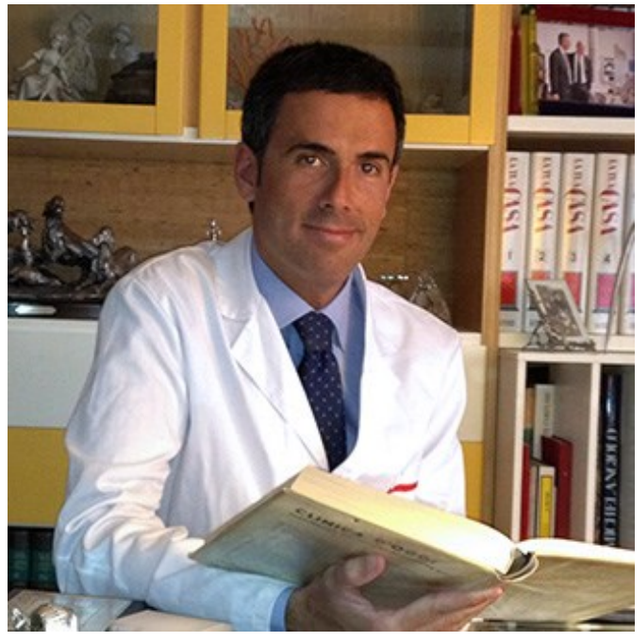

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