



**MEASURE #:** ASBS 3

**MEASURE TITLE:** Specimen orientation for partial mastectomy or excisional breast biopsy

**NATIONAL QUALITY STRATEGY DOMAIN:** Communication and Care Coordination

**MEASURE DESCRIPTION:** Percentage of patients age 18 and older undergoing a therapeutic breast surgical procedure considered an initial partial mastectomy or “lumpectomy” for a diagnosed cancer or an excisional biopsy for a lesion that is not clearly benign based on previous biopsy or clinical and radiographic criteria with surgical specimens properly oriented for pathologic analysis such that six margins can be identified.

**NUMERATOR:** Number of patients age 18 and older undergoing a therapeutic breast surgical procedure considered an initial partial mastectomy or “lumpectomy” for a diagnosed cancer or an excisional biopsy for a lesion that is not clearly benign based on previous biopsy or clinical and radiographic criteria with surgical specimens properly oriented for pathologic analysis such that six margins can be identified.

**DENOMINATOR:** Number of patients age 18 and older undergoing a therapeutic breast surgical procedure considered an initial partial mastectomy or “lumpectomy” for a diagnosis of cancer or an excisional biopsy for a lesion that is not clearly benign based on previous biopsy or clinical and radiographic criteria.

ICD-9 Codes – Female breast cancer 174.0 - 174.9, Male breast cancer 175.0 -175.9

Disorders of the breast – 610.0-611.9

Neoplasms (benign) - 238.3 – Breast, uncertain behavior

Imaging abnormalities – 793.80 to 793.89

Open surgical procedures include (CPT 2009):

19120 Open/excisional biopsy

19125 Open excisional biopsy identified by radiologic marker

19301 Partial mastectomy

19302 Partial mastectomy with axillary dissection

19110 Nipple exploration with or without excision

**Exclusions:** 19303: Total/Simple/Complete Mastectomy, Mastectomy with sentinel lymph node  
19304: Subcutaneous mastectomy  
19306: Radical mastectomy  
19307: Modified radical mastectomy  
Excision skin lesion of breast  
Breast Nipple excision

**Risk Adjustment:** CPT codes 19120 Open/excisional biopsy, 19125 Open excisional biopsy identified by radiologic marker, and 19110 Nipple exploration with or without excision to compare to

19301 Partial mastectomy and 19302 Partial mastectomy with axillary dissection

#### **RATIONALE AND CLINICAL RECOMMENDATIONS:**

Breast specimen orientation is crucial to determine the location of surgical margin pathologic status. Margin status strongly correlates with the local recurrence rate and the subsequent need for reexcision.

Multiple breast specimen orientation techniques may be used (these include stitches, clips and ink).

For those patients with known or suspected breast carcinoma undergoing preserving surgery, proper breast specimen orientation allows for targeted re-excision. A non-oriented specimen may lead to increased volume loss, worse cosmesis and lower likelihood of successful breast preservation. Specimen orientation is also necessary In patients undergoing excisional biopsy after a minimally invasive breast biopsy demonstrated a “high risk” lesion of the breast because breast cancer may be identified. High risk lesions include but are not limited to any lesion with atypia or lobular carcinoma in situ.

**CARE SETTING:** All surgical settings including ambulatory and inpatient services

**PUBLIC DOMAIN:** Yes

**OUTSIDE ENDORSEMENT:** No

**DATE ENDORSEMENT:** December 15, 2010 (updated, August, 2012, January, 2014, March 27, 2014)

#### **REFERENCES:**

ASBD Colloquium on “gaps in care” ([www.asbd.org](http://www.asbd.org))

Silverstein MJ, Recht A, Lagios MD, et. al. Special report: Consensus Conference III. Image-detected breast cancer: state of the art diagnosis and treatment. *J Am Coll Surg* 2009; 504-20.

NCCN guidelines for Breast Cancer Treatment v2. 2010. Statements on margin assessment for DCIS and Infiltrating cancer. Accessed at [www.nccn.org](http://www.nccn.org), August 5, 2012.

ASBS Position Statement on Concordance Assessment of Image-Guided Breast Biopsies and Management of Borderline or High-Risk Lesions. [www.breastsurgeons.org/statements](http://www.breastsurgeons.org/statements)