THE AMERICAN SOCIETY OF Breast Surgeons

MEASURE #: ASBS1

MEASURE TITLE: Surgeon assessment for hereditary cause of breast cancer

MEASURE TYPE: Process of care

NATIONAL QUALITY STRATEGY DOMAIN: Effective Clinical Care

MEASURE DESCRIPTION: Percent of newly diagnosed invasive and ductal carcinoma in situ (DCIS) breast cancer patients (Stage 0 - Stage 4) seen by surgeon that undergo risk assessment for a hereditary cause of breast cancer. Patients with Lobular Carcinoma in situ (LCIS) are excluded from this Quality Measure.

NUMERATOR: Number of newly diagnosed invasive and DCIS breast cancer patients (Stage 0 - Stage 4) seen by surgeon that undergo risk assessment for a hereditary cause of breast cancer.

DENOMINATOR: Number of patients who are between 18 and 70 years old at the date of encounter with newly diagnosed invasive and DCIS breast cancer (Stage 0 - Stage 4) seen by surgeon who undergo surgery.

Denominator Exclusions/Exceptions: Exclude LCIS patients. Family history unavailable because patient is adopted, cannot provide any family history, or other documented reason.

RATIONALE/CLINICAL RECOMMENDATIONS: The assessment for hereditary (germline mutation) breast cancer is important to 1) identify patients who have increased risk for new breast cancers in either breast, 2) to aid the decision making for breast conserving therapy versus mastectomy for breast cancer treatment, 3) to identify patients who have increased risk for ovarian cancer, and 4) to counsel patients and their families regarding the need for genetic counseling, genetic testing, risk reduction strategies and surveillance strategies for breast and ovarian cancers, including but not limited to performance of annual breast MRI and discussion of prophylactic bilateral salpingo-oophorectomy. Full panel testing is appropriate in certain patients.

PUBLIC DOMAIN: Yes

CARE SETTING: All surgical settings including ambulatory and inpatient services

OUTSIDE ENDORSEMENT: No

DATE ENDORSED: March 7, 2011 (updated March 27, 2014, January 5, 2017, May 8, 2017)

REFERENCES:

NCCN Clinical Practice Guidelines in Oncology TM. Breast Cancer V.2. 2011, accessible at www.nccn.org

NCCN Guidelines for Genetic/Familial High-Risk Assessment: Breast and Ovarian V.1.2010 TM, accessible at www.nccn.org

NCCN Guidelines for Breast Cancer Risk Reduction V.1.2011 TM, accessible at www.nccn.org
Cancer Screening in the United States 2011. Smith RA, et. al. CA: A Cancer Journal for Clinicians 61: 8-30, 2011.

Proceedings of the International Consensus Conference on Breast Cancer Risk, Genetics, & Risk Management, April, 2007. Gordon F. Schwartz, MD, Kevin S. Hughes, MD, Henry T. Lynch, MD, et al. The Breast Journal 2009; 15: 4-16. Co-published in Cancer. 2008; 113: 2627-37.

American Cancer Society guidelines for breast screening with MRI as an adjunct to mammography.
Saslow D, Boetes C, Burke W, et al.; American Cancer Society Breast Cancer Advisory Group. CA Cancer J Clin. 2007 Mar-Apr; 57(2):75-89. Erratum in: CA Cancer J Clin. 2007 May-Jun; 57(3):185.

The American Cancer Society guidelines for breast screening with magnetic resonance imaging: an argument for genetic testing. Murphy CD, Lee JM, Drohan B, et al. Cancer. 2008 Dec 1; 113(11):3116-20.