



**Title:** Surgeon documentation of clinical stage of breast cancer

**National Quality Strategy Domain:** Communication and Care coordination, Patient Safety; Efficiency and cost reduction

**Measure Type:** Process of care

**Description:** Percent of patients with surgeon documentation of breast cancer stage pre-operatively

**Denominator:** Number of patients undergoing initial operative treatment of the breast or axilla for breast cancer

**Numerator:** Number of patients undergoing initial operative treatment of the breast or axilla for breast cancer with surgeon documentation of clinical stage pre-operatively

**Exclusions:** Patients undergoing breast surgical excisional biopsy who do not yet have a cancer diagnosis

**Exceptions:** None

**Rationale:** The treatment of breast cancer depends on the stage of breast cancer. The determination of breast cancer clinical stage (TNM status) by a surgeon requires a history, physical examination, review of breast imaging studies, and selective use of laboratory and systemic imaging. The documentation of clinical staging is recommended by the American College of Surgeons Commission on Cancer because patient options for treatment, eligibility for clinical trials, candidates for neo-adjuvant systemic therapy, interdisciplinary communication and discussion of prognosis all depend on clinical staging. Therefore documentation of clinical staging is important prior to initial treatment. If patients are pre-operatively staged I or II, they can avoid unnecessary pre-operative systemic imaging and its costs and be selectively offered sentinel node biopsy instead of more radical axillary operations.

**Date Endorsed:** February 26, 2015

**References:**

American College of Surgeons Commission on Cancer Staging requirements. Accessible at <https://www.facs.org/~media/files/quality%20programs/cancer/coc/programstandards2012.ashx>