

Appropriateness of Pre-Operative Systemic Imaging in Newly Diagnosed Clinical Stage 0-II Breast Cancer Patients

National Quality Strategy Domain

1. Safety (minimizing false positive studies and biopsy)
2. Person and caregiver centered experience outcomes (shared decision making)
3. Efficiency and cost reduction (affordability/appropriateness)

Measure Type

- Process

Description

Percentage of patients with newly diagnosed clinical stage 0, I or II breast cancer seen by surgeon who do not undergo systemic imaging to stage for metastatic disease.

Numerator

Patients with newly diagnosed clinical stage 0, I or II breast cancer seen by surgeon for treatment discussion who do not undergo systemic imaging to stage for metastatic disease.

Denominator

Patients with newly diagnosed clinical stage 0, I or II breast cancer seen by surgeon for treatment discussion.

Denominator Exclusions

Patients undergoing re-operation, systemic imaging ordered by another physician.

Denominator Exceptions

Patients with positive review of systems complaint suggestive of metastatic disease; Patients with positive finding on clinical examination suggestive of metastatic disease; Patients with systemic imaging completed prior to patient encounter with surgeon, unless the surgeon ordered the systemic imaging prior to patient encounter. If the treating surgeon ordered the

systemic imaging prior to patient encounter, then the patient is not excluded or considered an exception.

Rationale

ASCO, NCCN, The American Board of Internal Medicine and the Commission on Cancer have all recently emphasized a need for “appropriate” use of systemic imaging in early stage breast cancer. There is no evidence of improved patient or cancer outcomes in patients with early stage breast cancer who undergo systemic imaging to search for metastatic disease in the absence of systemic symptoms or physical examination findings suggesting disease. Routine systemic imaging in early stage breast cancer is associated with false positive findings, the need for further testing and biopsy procedures, risk of biopsy procedures if performed, increased cost of care, and longer time to initial treatment.

Date Endorsed

Initially Endorsed: Feb 26, 2015

Revised: Sep 18, 2015; Dec 7, 2015; Sep 17, 2020

- References -

1. The American Board of Internal Medicine “Choosing Wisely Campaign.” Accessible at www.choosingwisely.org
2. The NCCN Guidelines for Breast Cancer Treatment, accessible at www.nccn.org