BC Cancer Agency
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Surgical Oncology Network

# HOW SURGEONS CAN HELP BREAST RADIATION ONCOLOGISTS

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**On October 24, 2009 the Surgical Oncology Network hosted the Annual Fall Update on the topic of Breast Cancer. Below are the key points from Dr. Lorna Weir's presentation.**

Breast cancer local recurrence rates are falling. Contributing to this is the increased attention to margins and the good collaboration between surgeons and oncologists. The following suggestions are made in an effort to further improve our communication in a way that is convenient and practical for surgeons. Radiation Oncologists pay particular attention to operative reports, therefore additional details are welcome.

1. **MARGINS** - OR reports which contain details about margins are very useful. It is helpful to know when there are areas where no further breast tissue can be taken. For example, if the dissection was taken down to the pectoralis fascia, right up to skin, very close to the nipple, or to an extreme margin of the breast such as medial, superior or inferior breast.

2. **CLIPS** - Marking of the surgical cavity with clips (4 quadrants) is very helpful for planning patients for partial breast RT and RT boost planning. Noting in the OR report how the clips are placed and if there are any clips placed at a distance from the main surgical cavity is very useful information.

3. **RE- EXCISION** - In re-excising positive margins, it is helpful to describe whether a complete or partial re-excision of the biopsy cavity was performed and to orient the new specimen.

4. **SCARS & DRAINS** - Scar and drain placement for mastectomies can affect the radiation fields and the technical quality of radiation. Drain scars placed close to the mastectomy scar (if technically feasible) are generally easier to cover with RT fields. Avoid single UOQ lumpectomy and axillary scars, even if the two are going to be quite close together as this requires extension of the radiation field into the axilla and potential increased morbidity.

5. **SENTINEL NODES** - Currently, patients considered at low risk for additional positive nodes following a positive sentinel node biopsy may be spared further axillary surgery and they may have radiation to the axilla. This, however, requires multidisciplinary discussion. It is very helpful if the surgeon has explained the recommendation for a completion axillary dissection to the patient prior to the SNB, so the recommendation for further surgery does not come as a surprise later.