

Comparing Margin Diameter and Margin Index in Predicting Residual Disease Following Partial Mastectomy, P85

Daniel F. Barnas MD

Lehigh Valley Health Network, Daniel_F.Barnas@lvhn.org

Aaron D. Bleznak MD, FACS

Lehigh Valley Health Network

Anna Widmyer MD

Lehigh Valley Health Network

Elizabeth Dellers MD

Lehigh Valley Health Network, Elizabeth.Dellers@lvhn.org

Heiwon Chung MD, FACS

Lehigh Valley Health Network, heiwon.chung@lvhn.org

Follow this and additional works at: <https://scholarlyworks.lvhn.org/surgery>



Part of the [Diseases Commons](#), [Other Medical Specialties Commons](#), and the [Surgery Commons](#)

Published In/Presented At

Barnas, D., Bleznak, A., Widmyer, A., Dellers, E., & Chung, H. (2013). *Comparing margin diameter and margin index in predicting residual disease following partial mastectomy, P85*. Poster presentation.

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.

Comparing Margin Diameter and Margin Index in Predicting Residual Disease Following Partial Mastectomy, P85

Daniel Barnas, MD; Aaron Bleznak, MD; Anna Widmyer, MD; Elizabeth Dellers, MD; Heiwon Chung, MD
Lehigh Valley Health Network, Allentown, PA

Background:

- Breast conserving surgery combined with radiation therapy standard treatment in early stage breast cancer
- Long term survival equivalent to mastectomy
- 20-60% of patients require a second operation because of inadequate margins
- Local recurrence impacted by many factors
- Strongest predictor

Surgical Margin:

- No consensus on definition of negative margin
- Currently 2-3 mm up to 5 mm for DCIS

Trial	Margin
NSABP B-06	Tumor on Ink
NIH and Danish	Did not require assessment
EORTC 10801	1 cm
French	2cm
Milan	2-3cm

Purpose:

- To determine if definition of negative margin should be redefined
- Use margin distance to stratify risk of residual disease

Margin Index:

- Margin Index = closest margin (mm)/tumor size (mm) x 100
- 475 patients stage I-II treated with BCT
- Underwent re-excision for close margins
- 102 (21%) had residual disease on re-excision
- Optimum Margin Index ≥ 5
- Sensitivity 85% and Specificity 73%
- Identify patients who need re-excision

Methods:

- Single institution review
- Retrospective analysis of our database of 95 patients who underwent re-excision from 2008-2009
- Tumor size was assessed microscopically
- Closest margin distance was used
- Margin Index was calculated
- A receiver operating characteristic curve was created

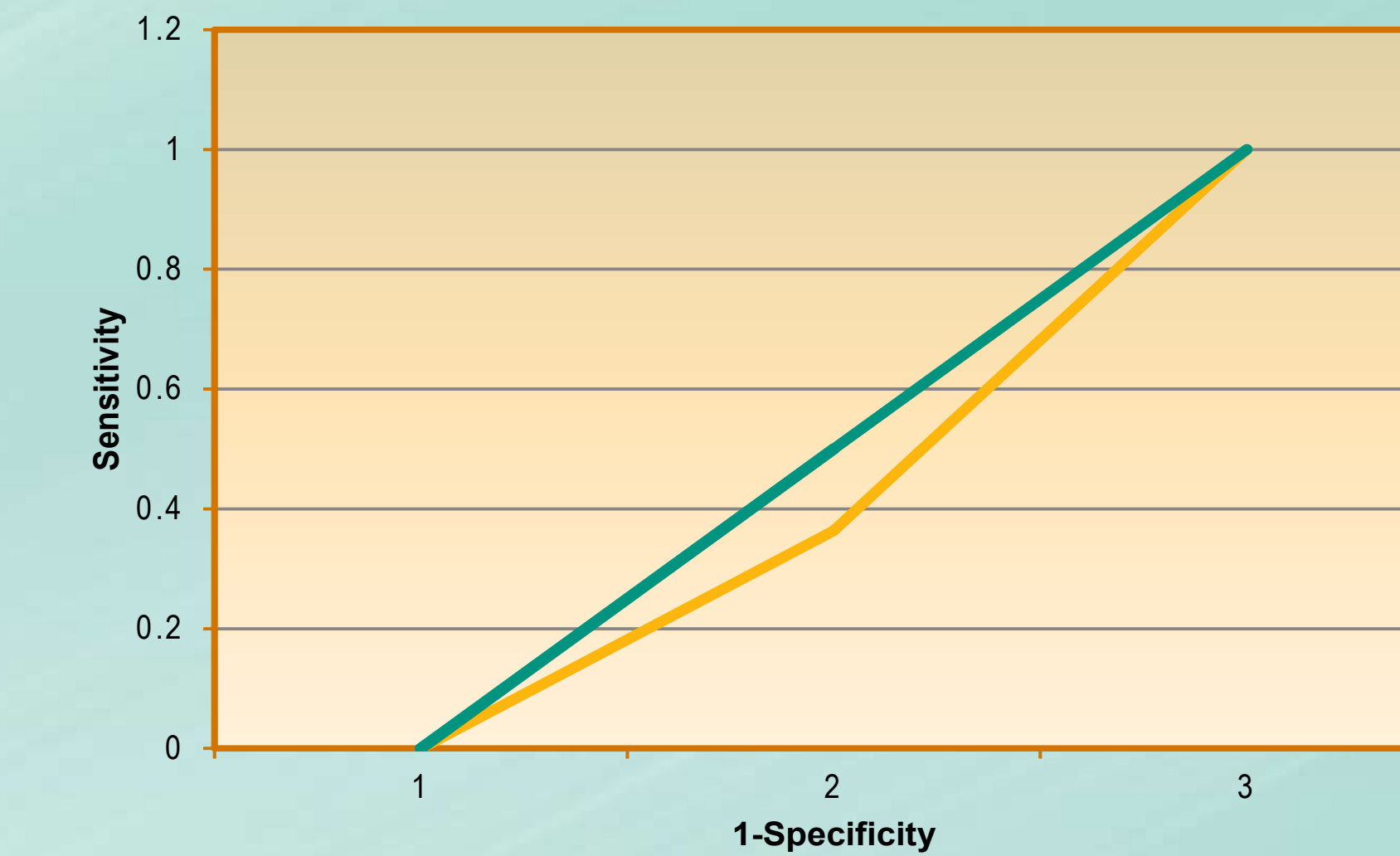
Patient Characteristics:

- 217 patients; 95 had re-excision (43%)
- 88 had sufficient data for QI study
- 41 patients had close margins
- Stage I and II disease
- 8 (19.5%) positive on re-excision
- Median Age: 55
- Median Tumor Size: 2 cm
- Average margin distance 0.91 mm
- Median Margin Index 2.78

Margin	Total Number of Patients	Patients with Residual Disease on Re-excision	% Patients with Residual Disease on Re-excision
<1mm	28	6	21%
1-2mm	7	1	14%
>2mm	6	1	16%

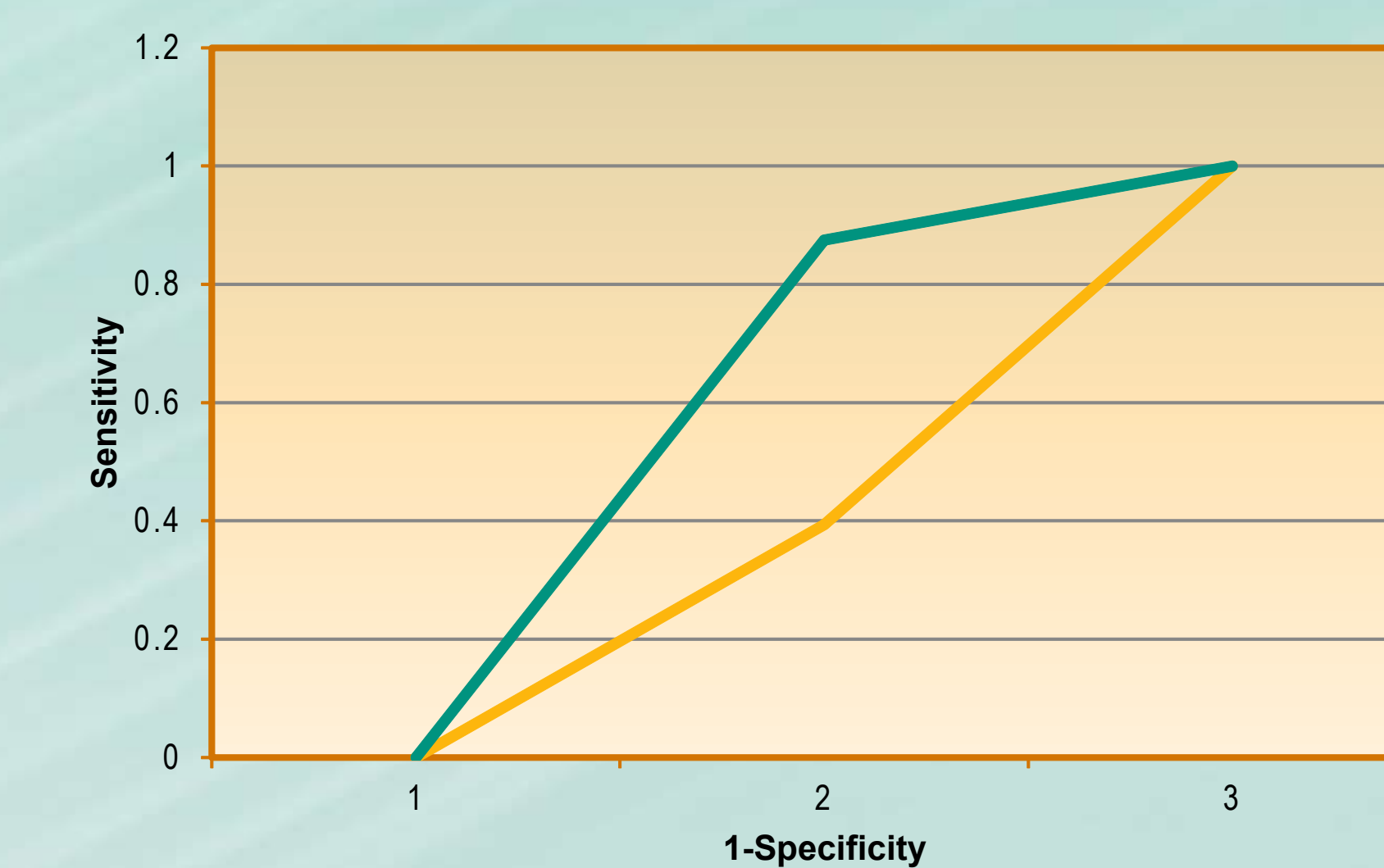
Margin	Positive Disease on Re-excision	Negative Disease on Re-excision	Total Patients
Margin Index <5	4	12	16
Margin Index ≥ 5	4	21	25
Total Patients	8	33	41

Receiver Operating Characteristic Curve for Margin Index ≥ 5



Number of Cases	41
Number Correct	25
Accuracy	61%
Sensitivity	50%
Specificity	63.3%
Area Under the Curve	0.568

Receiver Operating Characteristic Curve for Margin Index ≥ 3



Number of Cases	41
Number Correct	27
Accuracy	65.9%
Sensitivity	87.5%
Specificity	60.6%
Area Under the Curve	0.741

Conclusions:

- Not a superior predictor over margin distance
- Limitations
 - Small Sample Size
 - Retrospective
 - Selection Bias
 - Small number of patients margin >1mm
- Continue to use current treatment guidelines
- Further research to determine adequate margins

© 2013 Lehigh Valley Health Network