



**Susan G. Komen
Research Grants – Fiscal Year 2014**

This research grant was approved by Komen’s national board of directors for FY2014 Research Programs funding. This grant will be funded upon the execution of grant agreements between Komen and the grantee institutions.

Evidence Based Consensus Conference on Margins in DCIS Treated With and Without Radiotherapy

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Lead Organization: Society of Surgical Oncology

Grant Mechanism: SPP

Grant ID: OG140012

Public Abstract:

Ductal Carcinoma In Situ (DCIS) accounts for approximately 25% of new breast cases diagnosed annually in countries where mammographic screening is employed. There are approximately 64,640 women diagnosed each year with DCIS in the United States. Breast conserving surgery (lumpectomy), with or without radiotherapy, is the most common treatment for DCIS. There is no agreement regarding the optimal amount of normal breast tissue (margin) which should be removed around the DCIS to minimize the risk of cancer recurring in the breast while still maintaining a good cosmetic appearance of the breast. Additionally, there is no agreement on whether the ideal margin width varies for women who will and will not receive radiation treatments to the breast. The Society of Surgical Oncology (SSO) in collaboration with the American Society of Therapeutic Radiation Oncology (ASTRO) proposes to convene a multidisciplinary group including surgeons, radiation oncologists, a pathologist, a medical oncologist, a patient advocate and a methodologist to critically review the scientific evidence regarding margin width and risk of cancer recurrence after breast conserving surgery for DCIS with and without radiation therapy and to develop an evidence based consensus guideline. As part of this evidence base, a systematic review and metaanalysis of the published literature on this subject will be performed. The completed consensus document will be submitted to the major professional organizations involved in the care of breast cancer patients for endorsement and widely disseminated through scientific publication, webinars, meeting presentations and the lay media. In patients currently undergoing excessively radical margin excisions, adoption of a evidenced based guideline has the potential to reduce the anxiety experienced by patients and families when re-excision is performed and to improve the cosmetic outcome of breast conserving surgery and reduce the use of unnecessary mastectomy for women who wish to preserve their breasts. In women currently undergoing inadequate margin resection, adoption of the guideline has the potential to decrease rates of cancer recurrence in the breast. Overall, an evidence based standard for margin width will optimize the extent of surgical resection, improve quality of life for patients , and decrease healthcare costs.