

Meeting: 23 February 2017, University Hospital Basel, 2-6PM

German, Austrian and Swiss (D.A.CH) consensus conference on the standardization of oncoplastic breast conserving surgery

Organizing Committee of the D.A.CH consensus panel:

Prof. Walter P. Weber, chief of breast surgery, department of surgery, director of breast center, and chair of the consensus panel

Prof. Martin Haug, vice-chief of plastic surgery, department of surgery, vice-director of breast center

Nature and scope of the D.A.CH consensus panel:

The German, Austrian and Swiss (D.A.CH) Societies of Senology plan to gather together in February 2017 to address urgent questions regarding oncoplastic breast conserving surgery in patients with breast cancer. The invited consensus panel will consist of 20 members of these societies and several society-independent renowned international guests. They are all breast surgical oncologists or plastic breast surgeons who specialized in oncoplastic breast conserving surgery.

The emphasis on esthetic outcomes and quality of life after breast cancer surgery has motivated surgeons to develop oncoplastic breast conserving surgery. There are various classification systems, but none of them achieved international standardization. The lack of a standardized nomenclature and clinical algorithms challenges the scientific evaluation, structured training and individual application of the techniques. The D.A.CH consensus panel attempts to standardize nomenclature, indications, reconstruction choice selection and outcome assessment for oncoplastic breast conserving surgery. In the first half of the panel session, a selection of classification systems will be presented and discussed among the panel members. In the second half of the meeting, we address specific questions and aim at achieving consensus statements to help clinicians indicate, plan and perform a tailored procedure for the individual patient in a standardized manner.

This important meeting has the potential to have an impact on routine clinical practice in the future, thereby improving the quality of life of patients with breast cancer.

Chair: Walter Weber: walter.weber@usb.ch

Secretaries: Savas Soysal: savas.soysal@usb.ch
Krishna B. Clough: krishna.clough@orange.fr
(Independent secretary, not present at the conference)
Peter Dubsy: peter.dubsy@hirslanden.ch
(Independent secretary, not present at the conference)

Panelists:

International guests: Mahmoud El-Tamer, MSKCC, EITamerM@mskcc.org
Virgilio Sacchini, MSKCC, sacchinv@mskcc.org

Switzerland: Martin Haug: martin.haug@usb.ch
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Methods

Before the conference, the organizers will provide all participants with key references, topics of speaker presentations, and potential “questions” for the panel consensus conference by email (as blind copies). The panelists will review the set of panel questions for the consensus session, and the organizers will adjust the questions according to the feedbacks by iterative consultation over the weeks preceding the conference. Feedbacks will be delivered anonymously to the organizers (as answers to blind email copies). The organizers aim at minimizing changes during the conference.

In the first half of the meeting, specific topics will be presented, followed by an interactive discussion. In the second half, each group of questions will be introduced with a short discussion if necessary, followed by electronic voting on the entire category of questions, followed by immediate face-to-face discussion of the results if time permits.

After the conference, the organizers will translate the results of panel voting on each question into panel recommendations. The wording will be intended to convey the strength of panel support for each recommendation. Simple majority will be defined by agreement among 50–75% of the panelists and consensus by agreement among >75% of the panelists. We will not follow strict guideline development standards and will not use a formal Delphi process in arriving at consensus. However, the questions, answers and discussions will be brought into context with the current evidence from the literature in the form of a conference report, which will be circled among conference participants in an iterative open email process until agreement is reached on each question. The manuscript will be approved by the board members of the D-A-CH societies prior to publication.

Program

Time	Speaker	Topic
2.00-2.10	Weber	Welcome and introduction
2.10-2.25 (+5min discussion)	El-Tamer	The need for standardization of oncoplastic breast conserving surgery
2.30-2.40 (+5min discussion)	Fitzal	The iTOP trial Breast Analyzing Tool / Breast Symmetry Index
2.45-2.55 (+5min discussion)	Hoffmann	The Tübingen complexity-based classification system
3.00-3.10 (+5min discussion)	Weber	The Basel nomenclature, indication and reconstruction algorithms
3.15-3.25 (+5min discussion)	Sacchini	How the issue of standardization was solved for oncoplastic mastectomy
3.30-4.00	Coffee break	
4.00-6.00	Consensus conference	

Consensus conference

Voting on questions will be in the format yes, no or abstain. Abstaining will be recommended if a panel member has a conflict of interest (e.g., author of the addressed classification system).

Pre-specified questions ([ad hoc modifications and amendments during the meeting are highlighted in blue](#)):

1. Goals and Indications of OPS: Compared to conventional breast conserving surgery, OPS can be used to

- a. improve aesthetic outcomes
- b. improve quality of life
- c. reduce reoperation rates for positive margins
- d. reduce local recurrence rates
- e. broaden the indication to larger or multifocal tumors as alternative to mastectomy
- f. This question should be presented at St. Gallen / Vienna 2017

2. Safety of OPS: Compared to conventional BCS, OPS does

- a. increase the risk of complications
- b. increase the risk of local recurrence
- ~~c. This question should be presented at St. Gallen / Vienna 2017~~

3. Safety of OPS: Compared to oncoplastic mastectomy, OPS does

- a. increase the risk of complications
- b. increase the risk of local recurrence
- ~~c. This question should be presented at St. Gallen / Vienna 2017~~

4. There is a need for standardization of OPS

- a. Nomenclature
- ~~a.~~b. [Contraindications](#)
- ~~b.~~c. indications
- ~~c.~~d. reconstruction choice selection
- ~~d.~~e. outcome assessment

~~e.f.~~ in clinical practice

~~f.g.~~ in clinical research

~~g. This question should be presented at St. Gallen / Vienna 2017~~

5. The following specific procedures are considered current standards in OPS

a. Mastopexy

b. Tumor adaptive reduction Mammoplasty

c. Fat grafting in immediate breast reconstruction

d. Extra mammary tissue transfer

(Discussion local , myocutaneous, fasciocutaneous flap)

e. -Distant flaps

~~a. Donut or Round Block (Benelli) mastopexy~~

~~b. Triangle excision or V-mammoplasty~~

~~c. Reduction mammoplasty~~

~~d. Racquet or hemibatwing mammoplasty~~

~~e. Grisotti mammoplasty~~

~~f. Oncoplastic tumorectomy with volume replacement by latissimus dorsi flap~~

~~g. This question should be presented at St. Gallen / Vienna 2017~~

6. a. In general, every OPS procedure should be tailored to the individual patient

b. ~~This question should be presented at St. Gallen / Vienna 2017~~

7. The Clough bilevel classification and quadrant per quadrant atlas are useful for standardization of OPS

a. in clinical practice for indicating, planning and performing the procedure

b. in clinical practice for classifying the procedure in the operative report

c. in clinical practice for billing purposes

d. in clinical research

~~e. This question should be presented at St. Gallen / Vienna 2017~~

8. The Tübingen complexity-based classification system for breast surgery is useful for standardization of OPS

- a. in clinical practice for indicating, planning and performing the procedure
- b. in clinical practice for classifying the procedure in the operative report
- c. in clinical practice for billing purposes
- d. in clinical research

~~e. This question should be presented at St. Gallen / Vienna 2017~~

9. Standardization of BCS and OPS nomenclature into the four categories conventional tumorectomy, oncoplastic mastopexy, oncoplastic tumorectomy and oncoplastic reduction mammoplasty is useful

- a. in clinical practice for distinguishing BCS from OPS
- b. in clinical practice for classifying the procedure in the operative report
- c. in clinical research

~~d. This question should be presented at St. Gallen / Vienna 2017~~

10. The Basel indication algorithm is useful for standardization of the indication for OPS

- a. in clinical practice for indicating, planning and performing the procedure

~~b. This question should be presented at St. Gallen / Vienna 2017~~

11. The Basel reconstruction algorithm is useful for standardization of partial breast reconstruction (PBR) during OPS

- a. in clinical practice for indicating, planning and performing PBR
- b. in clinical practice for classifying PBR in the operative report
- c. in clinical practice for billing purposes
- d. in clinical research

~~e. This question should be presented at St. Gallen / Vienna 2017~~

12. Outcome assessment of OPS should be standardized

- a. to include patient-reported outcome measurements
- b. to include all scales of the BreastQ-Breast Conserving Therapy Module

- c. to include selected scales of the BreastQ-Breast Conserving Therapy Module (e.g., Satisfaction with breasts scale +/- psychosocial well-being)
- d. to include pre- and postoperative pictures
- e. to include the use of BCCT.core software
- f. to include the use of the Breast Analyzing Tool / breast symmetry index 2007?
- ~~g. This question should be presented at St. Gallen / Vienna 2017~~

13. Which one of the three proposed classification system is most useful:

Answer A: The Tübingen complexity-based classification

Answer B: The Clough bilevel classification and quadrant per quadrant atlas

Answer C: The Basel nomenclature, indication and reconstruction algorithms

- a. in clinical practice for indicating, planning and performing the procedure
- b. in clinical practice for classifying the procedure in the operative report
- c. in clinical practice for billing purposes
- d. in clinical research
- ~~e. This question should be presented at St. Gallen / Vienna 2017 (yes/no/abstain)~~

14. Open questions

a. We need another classification system other than theses three

in clinical practice for indicating, planning and performing the procedure

b. We need another classification system other than theses three in clinical practice for

classifying the procedure in the operative report

c. We need another classification system other than theses three

in clinical practice for billing purposes

d. We need another classification system other than theses three

in clinical research



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