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Trend Analysis on Reoperation After Lumpectomy for Breast Cancer

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To the Editor We read with great interest the article by Morrow et al.¹ It highlights an important issue of overtreatment in breast surgery. Despite its scientific rigor and novelty, we believe that there are 3 limitations that the authors may have considered but did not address in the article.

First, the (linear) decrease from 2013 to 2015 in the final surgery rate in patients who have undergone breast conservation surgery (BCS) may be part of an existing, decreasing trend, which may not be influenced by or linked to the guideline presented in late 2013 and published in April 2014.² An analysis of the long-term secular trend starting from a few years before 2013 seems worthwhile to exclude such a possibility. In fact, clinical guidelines may not have immediate effects as expected. A study on the 1990 National Institutes of Health Consensus on the use of BCS showed an increasing trend of BCS use even before publication of the consensus,³ which supports that physicians and surgeons rode along with the trends rather than turning the tides.

Second, the 1 to 1.5 years of post-guideline publication period (the guideline was published online at the end of 2013 but officially published in April 2014) in our view are probably too short to ascertain an immediate influence of this guideline. In support of our concern, a recent study on the trend of prostate-specific antigen (PSA) use for prostate cancer screening from January 2010 to July 2015 found an overall increasing trend of PSA use (the US Preventive Services Task Force recommendation on PSA use was published in 2012), despite a declining trend from 2010 to 2013.^{4,5}

Third, geographic variations in adopting the new guidelines for BCS may be considered. Such geographic variations of guideline effects were observed in a study on the impact of the 1990 National Institutes of Health Consensus on BCS use, although they also found

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overall increasing use of BCS in women with stage I or II breast cancers.³ Therefore, it would be interesting to compare the rates of additional surgery after initial BCS between Georgia and Los Angeles County, California. A larger study comparing the variations of adopting the new guideline² and its influence on clinical practice is warranted.

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