

## **Proposed Variables for Breast Surgery data collection in 2023**

Breast tab enabled by CPT code: 19301, 19302, 19303, 19305, 19306, 19307, 38525, 38745

Some variables enabled only by cancer/carcinoma, DCIS ICD-10 codes \*

<b>Variable Name</b>	<b>Variable Options</b>
Date of diagnosis*	1. MM/DD/YYYY 2. unknown
Preop MRI*	0. No 1. Yes
Neoadjuvant Therapy*	0. No 1. Yes
Genetic testing for breast cancer*	0. No 1. Yes
Genetic testing, result* (enabled if 1-Yes to Genetic testing)	1. Positive 2. Negative
Is this case a reoperation following a positive margin?	0. No 1. Yes
What type of surgery was performed during this procedure?	1. Unilateral 2. Bilateral (reconstruction will be captured as other procedure in Plastics category)
Histologic type of breast cancer* (select all that apply)	1. Ductal Carcinoma in-situ (DCIS) 2. Invasive carcinoma 3. Other carcinoma
Is the margin positive from this procedure?*	0. No 1. Yes
Did the patient have another breast-related surgery within 30 days after this procedure? (select all that apply)	0. No 1. Yes, re-excision after positive margins 2. Yes, axillary node dissection

**QI Project ideas for 2024:** need to develop the project in Summer, 2023

- Positive margins – pathology template standardization
- Mastectomy with reconstruction (plastics captured as other procedure)
- Variation in cost - Outpatient vs inpatient key driver
- ERAS protocols implemented
- Choosing Wisely – avoid preop MRI (some hospitals are 100%)
- Avoid axillary surgery in >70 yo (CPT 38525, 38745, others?) (some hospitals are 60-80%)
- Avoid complete LN dissection (CPT 38745, others?)
- NCDB - surgery should occur within 60 days after diagnosis
- Reduce variability in re-excision rates

**Save the Date:** Kick-off meeting Tuesday, November 15 @ 4-5pm

**Please scan this QR code to fill out the form** if you or a breast surgeon at your hospital are interested in participating on the MSQC Breast Care Committee

