ASCs today are adapting to multiple shifts in the health care and financial environments. Among the many challenges they face as this evolution continues are changing reimbursement, more knowledgeable patients who evaluate their health care options with that knowledge in hand and increased competition from hospitals that purchase physician practices.

Our North Hills Surgery Center in Fayetteville, Arkansas, faces many of these challenges, but innovative approaches to both infrastructure and clinical care have helped us to remain viable and continue to serve our community. One of the clinical care innovations that we have adopted is our approach to breast cancer treatment.

Our surgery center was cofounded by physicians and the local Washington Regional Medical Center, and is jointly owned by both. Washington Regional recognizes that there are some modalities of care that can be better provided by an ASC. And, of course, the surgical center and our approximately 30 physicians know very well that some cases are best handled at the hospital. This collaborative relationship allows us to pick the best place to deliver care while providing more options to our patients.

Breast Cancer Treatment at Our ASC

Many women with breast cancer have their surgery in a hospital setting. For cases of lumpectomy, however, it is possible and, for patients without comorbidities, often preferable to do the surgeries in an ASC.

Lumpectomies fit well within an ASC setting because they generally involve just one or two incisions, minimal blood loss, no drains and a lower risk of anesthesia complications than more complicated surgeries. The relatively quick turnaround time of the ASC setting allows a surgeon to do multiple lumpectomies on a given day, if needed.

The lumpectomy-versus-mastectomy discussion, of course, has been spirited in recent years. An important part of the treating surgeon’s job is to discuss breast cancer patients’ various options and to respect the choices that informed patients make. Some patients with early-stage breast cancer opt for a mastectomy even though their cancer is readily treatable with a lumpectomy.

Some even seek a double mastectomy when there is no contralateral cancer. In fact, mastectomy rates have increased 34 percent in the US between 1998 and 2011, according to a recent study published in the *Journal of the American Medical Association (JAMA) Surgery*.

At the same time, two new studies presented at the 2015 San Antonio Breast Cancer Symposium together concluded that for early-stage breast cancer, lumpectomy-plus-radiation on average has better overall outcomes than mastectomy plus reconstruction. Moreover, the studies found that lumpectomy-plus radiation has fewer complications and is less expensive.

While traditional breast-conserving lumpectomies provide excellent cancer treatment and care, ASCs have a pivotal role to play in expanding the availability of innovative, high-quality breast cancer care.”

—Michael J. Cross, MD, School of Oncoplastic Surgery, and Dawn Ashby, RN, CASC, North Hills Surgery Center
control when followed by radiation—and are often easier on the patient—they can sometimes result in less-than-desirable cosmetic outcomes. At North Hills, we are helping to pioneer a new approach to lumpectomies known as oncoplastic surgery. Patients who are appropriate candidates for lumpectomy and choose oncoplastic surgery can avoid some of the potential shortcomings of standard surgery.

**Oncoplastic Surgery**

Oncoplastic surgery is a relatively recent advance in breast-conserving treatment. It combines plastic and reconstructive surgery techniques that emphasize achieving a better cosmetic outcome with no compromise in tumor removal and disease control.

Among the elements emphasized in breast oncoplastic surgery are techniques to minimize or avoid unnecessary “divots” when cancer tissue is removed. Oncoplasty also puts a premium on minimizing scarring and achieving better breast symmetry after surgery. This approach is understandably popular with women, and many who have been pleased with the outcome of their surgery have contributed to the growth of our patient base via word-of-mouth.

Oncoplastic surgery is gaining popularity for several reasons. For one, approximately one-third of standard lumpectomies might result in major deformities and asymmetries, according to a study published by Gabriela Santos, MD, in the August 2015 issue of the *Annals of Surgical Oncology*. Another reason for the growing popularity of oncoplasty is that in an effort to improve overall results following breast cancer surgery, the American Society of Breast Surgeons recently included a recommendation for use of oncoplastic techniques within its newly published “Toolbox to Reduce Lumpectomy Reoperations and Improve Cosmetic Outcome in Breast Cancer Patients.”

The School of Oncoplastic Surgery is another important contributor to the growing use of oncoplastic breast cancer surgery. The school was founded by breast surgeon and medical inventor Gail Lebovic, MD, and has been held annually in Dallas since 2007, with a second 2016 session being held later this year. The school includes a sculpture lab, anatomy lab and interaction with live models to provide surgeons with hands-on experiences. It also introduces surgeons to recently developed tools and technologies that are helping to refine breast cancer surgery.

One of those recently developed technologies has been a valuable part of the expansion of our breast cancer practice at North Hills. Our center was among the first facilities in the world to begin doing oncoplastic surgery using an implant that consists of a small bio-absorbable coil that holds six small marker clips arranged in a three-dimensional array. The implant is sutured into place during the lumpectomy and remains in a stable position after surgery. It replaces missing tissue volume that is removed by lumpectomy. Over time the device can allow breast tissue to fill in the lumpectomy space, thereby helping to maintain the normal breast appearance. The coil holding the clips is dissolved slowly by the body over time. The three-dimensional array of clips also provides a better target for post-surgical radiation treatment. In addition, it more clearly defines the tumor site for follow-up mammograms and other imaging.

Cross has performed more than 130 lumpectomies incorporating this device over the past three years. To date, these outcomes, which have been presented at a number of surgical and other clinical meetings, have been favorable. The tiny implantable device has also been shown to provide a more precise target for “boost” radiation. As word about that protocol and its benefits has spread, the ability to have a shorter course of radiation has helped to draw patients from a four-state area to our center.

As with any new technology, we had some initial discussions with our payers about reimbursement. We find that using HCPCS Code C9728 code, we are receiving reimbursement for use of the device.

It has been gratifying to see our approach to breast cancer surgery validated around the country. Adoption of oncoplastic techniques is growing. Many other surgeons around the US are now recognizing the clinical benefits of offering oncoplastic surgery with a three-dimensional implant. About one-third of the facilities using the device are ASCs.

When it comes to clinical care, our experience and the growth of oncoplastic techniques have demonstrated that ASCs have a pivotal role to play in expanding the availability of innovative, high-quality breast cancer care.

Michael J. Cross, MD, is a fellow of the American College of Surgeons, past board member of the American Society of Breast Disease and co-director of the School of Oncoplastic Surgery. Dawn Ashby, RN, CASC, is the administrator of North Hills Surgery Center in Fayetteville, Arkansas. Write her at dashby@nhscnwa.com.