



Review

Quality of information reporting in studies of standard and oncoplastic breast-conserving surgery



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ABSTRACT

The aim of this systematic review was to establish the completeness of reporting of key patient, tumour, treatment, and outcomes information in the randomized-controlled trials (RCTs) of standard breast-conserving surgery (sBCS) considered to be the 'gold-standard', and to compare this with the reporting of the same key criteria for all published studies of oncoplastic breast-conserving surgery (oBCS). Pubmed (1966 to 1st April 2013), Ovid MEDLINE (1966 to 1st April 2013), EMBASE (1980 to 1st April 2013), and the Cochrane Database of Systematic Reviews (Issue 4, 2013) were searched separately for the following terms: (i) 'oncoplastic AND breast AND surgery'; and (ii) 'therapeutic AND mammoplasty'. Only English language and full text articles were reviewed.

Following a pilot evaluation of all studies, key reporting criteria were identified. 16 RCTs of sBCS ($n = 11,767$ patients) were included, and 53 studies met the inclusion criteria for oncoplastic BCS ($n = 3236$ patients), none of which were RCTs. No study reported all of the criteria identified, with a mean of 64% of key criteria (range, 55–75%) reported in studies of sBCS, and 54% of criteria (range, 10–85%) reported in studies of oBCS. It is therefore evident that there is much room for improvement in the quality of reporting in BCS studies. Standards are proposed to give future studies of BCS a framework for reporting key information and outcomes.

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Introduction

The development of oncoplastic breast-conserving surgery (oBCS) has extended the role of standard breast-conserving surgery (sBCS) [1–4]. A plethora of oncoplastic techniques have been developed to allow parenchymal rearrangement or partial breast reconstruction in breasts with a high tumour-to-breast size ratio where mastectomy would traditionally be indicated. The oncological safety of oBCS, however, has yet to be fully established, with many studies limited by short-term follow-up [5]. In addition there has been concern that many published studies of oBCS are predominantly technique driven and do not fully report important oncological data, and without these it is difficult to appraise these studies individually or to perform pooled analysis of the results.

The information reported in RCTs of sBCS is regarded as the 'gold-standard'. The aim of this review was to establish the completeness of reporting of key patient, tumour, treatment, and outcomes data in the RCTs of sBCS and to compare this with the reporting of the same key criteria in all published articles of oBCS.

Methods

Search methods for identification of studies

Pubmed (1966 to April 2013), Ovid MEDLINE (1966 to April 2013), EMBASE (1980 to April 2013), and the Cochrane Database of Systematic Reviews (Issue 4, 2013) were searched separately for the following terms: (i) 'oncoplastic AND breast AND surgery'; and (ii) 'therapeutic AND mammoplasty'. Only English language and full text articles were reviewed. Articles were then cross-referenced until the search strategy was exhausted. The latest search was performed on 1st April 2013.

Inclusion criteria

All of the published RCTs selected for the Early Breast Cancer Trialists' Collaborative Group (EBCTCG) meta-analysis of BCS were included as the best available evidence for sBCS [6]. oBCS studies that utilized volume displacement techniques, using parenchymal rearrangement either by standard reduction mammoplasty techniques or modifications using extended or secondary pedicles, or volume replacement techniques, by the use of local, regional, or free flaps, were included. No studies were excluded.

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