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Epistemology of indigenous healing practice: A micro sociological perspective

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Every year, countless women will be diagnosed and treated for breast cancer, most of whom will require surgery. A clean margin around the cancer site is the only prognostic factor that a surgeon can control in order to reduce local recurrence. Having an accurate method of assessing margin status is imperative not only for better oncologic outcomes for the patient, but also to prevent unnecessary additional surgeries for re-excision, additional emotional distress for patients, delays in subsequent adjuvant therapy for breast cancer, and associated additional health care costs. There are two commonly used techniques that surgeons use to orient breast specimens for the pathologists: Intra-operative labeling of the margins with sutures and intra-operative inking of the margins. Using a creative, a novel 3D technique, we demonstrate the results of the world's first prospective clinical trial that evaluates the accuracy of both techniques on the same lumpectomy specimen, in a blinded fashion, using with the aim of identifying the most accurate method of specimen orientation. The results of this trial are practice-changing with significant implications for patient safety and health care costs. This study will form the foundation for unifying breast cancer surgeons and pathologists on best practices for accurate specimen orientation and improved patient outcomes. Findings from the study can be extrapolated to the pathological assessment of other surgical resect able cancer types in which margin status is a quality indicator. At the end of the presentation, the audience should: 1) Understand the pitfalls of commonly used specimen orientation techniques 2) understand the importance of accurate specimen orientation and 3) work together with the breast pathologists and surgeons to identify best practices for specimen orientation for cancers.

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