



This is the Moment...

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It has been a tremendous honor to serve as the American Society of Breast Surgeons president for the past year. This society has truly done so much more for me than I have for it, and to have had this opportunity is certainly one of my greatest academic achievements. There are many people that deserve a mention of gratitude who have mentored and guided me throughout my career, and I am sorry that there is insufficient time to highlight them all. I would like to tell you about a few who really changed the course of my career. I was assigned Virginia Herrmann as a mentor in July 1997 when I began my intern year. I have to admit that I was a little annoyed because at the time I was full steam ahead toward a pediatric surgery fellowship and I could not imagine how a breast surgeon could help me do that. By the second or third time I met with her, she asked me if I had ever considered breast surgery as a career. I sort of brushed her off and did not think much more of it until my clinical fourth year, PGY7, after 3 years of basic science research in small bowel transplant and realized that pediatric surgery was not for me. Right after my fourth-year pediatric surgery rotation, I was lost academically because all of my focus had been on attaining a pediatric surgery fellowship. My next rotation was through our city's safety net hospitals, where senior residents ran a surgical clinic identifying patients that needed surgical treatment at the main campus with our respective surgical attendings. During that rotation, I met so many patients with late-stage and metastatic breast cancer who had been lost in the system, and their diagnoses and treatments delayed by red tape and bureaucracy. I realized how complicated breast

cancer treatment could be and how rewarding the relationships with the patients truly were. The moral of the story is that sometimes a good mentor knows what is best for you even before you do!

Jill Dietz has also been an instrumental mentor to me. Jill was recruited to Washington University when I was a junior resident and she later became my program director during my breast fellowship. I learned so many things from Jill inside and outside of the operating room and clinic, but one of the most important things Jill did was to introduce me to the American Society of Breast Surgeons. I remember going to that first meeting in 2006 as a fellow presenting my paper on the upgrade rates of lobular neoplasias seen on core biopsy. Up to this point, I had been attending basic immunology meetings and pediatric surgery meetings for most of my young career. I could not believe how happy everyone was at the ASBrS. It just further solidified my decision to pursue a breast surgery practice.

My service to the ASBrS began in 2012 and I really owe that to Suzanne Klimberg. Suzanne and I met when I was a fellow and she organized a regional meeting in our area. I am sure many in this room are well aware of this, but Suzanne is one of the most innovative thinkers you will ever meet. I have listened to her ideas over the years and I am always amazed at the uniqueness and what at face value seems off the wall. Having known her now for over 15 years, what I realize is that she is actually what I would call a skeptical optimist. The scientific method is really built around the idea of being skeptical—innovation requires that the innovator question assumptions and “rules” that are not actually rules. However, skepticism is often delivered in a way that does not move science forward. The smartest innovators question assumptions while believing the outcome is possible. I think that sums up Suzanne in a nutshell—you stick a nice acronym on it and she is in heaven! Suzanne was the incoming president at the time, and she asked me to be her program chair for the 2013

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meeting. That was a tremendous experience for me and one that really gave me great insight into the society's structure and function. It also led to my appointment to the board and subsequent leadership roles. I am forever grateful to Suzanne for giving me that opportunity, and I was thrilled to be able to invite her as my keynote speaker this year.

There are so many others who have shaped my career and I am sorry I do not have time to list them all. I would like to acknowledge the past presidents of this society and the current and past members of our board who have become friends more than colleagues. This society has been blessed by visionaries who saw the value of our organization when it was just a room of 30 in Charleston, and has been fueled by the many volunteers who have passionately carried out our mission, resulting in the exponential growth we have witnessed in our society.

I would also like to acknowledge our amazing staff. At the beginning of my presidency, we were faced with the charge to identify a new executive director. Jane Schuster served our society for 27 years prior to her retirement in May 2021 and she was a key component behind the scenes in all of our successes. It was daunting to face this challenge, and we understood how vital this job was to our society's future. Shawna Willey, chairwoman of the board, led this group masterfully and we have been thrilled to welcome Erica Holland, who has really brought fresh ideas and energy to our society. Her many years of society leadership are clearly evident, and I have been amazed at how quickly she has assimilated into our programs and identified ways that we can evolve and improve moving forward. Our staff—there is no doubt that they are the best, hardest working of any society. Especially with the virtual changes brought on by the pandemic, they have had to pivot to meet the needs of our programming and they have executed this with grace and skill. Please join me in thanking them for their tireless support. I would especially like to thank Carla Fisher for putting together an amazing program this year. Carla is a former fellow of mine and I have so enjoyed watching her career accelerate and blossom.

Finally, I would also like to acknowledge my friends and family who are here to support me. I have so many friends in this audience, and I am so happy to be a part of this group. My best friend Karen and her husband Jeff are here. Karen and I have known each other essentially our entire lives. Lifelong friends like Karen know all of the stories and are a true gift. I treasure our friendship. My mother June and her partner Ron are also here. My mother likes to say that she does not really “understand” what I do for a living. She gets a little intimidated by my medical colleagues because she doesn't think she will understand the conversations. I grew up in a lower-middle class household with two working laborer parents, and I was the

first to attend college. My two younger brothers followed suit after me. That doesn't happen by accident, and I think my mother has underestimated her role in our success. Thanks, mom for all of the support over the years. And lastly, I would like to acknowledge my husband Nate. I had no idea how much more fulfilling my academic life could be until I met him. As we all know, medicine can consume you, and having the support and foundation of a partner who is selfless, supportive, and your biggest cheerleader is the most unexpected gift of my life.

Now, on to the topic “This Is the Moment...” Up to this point in my career, I have given many talks at many meetings. This, however, will be unlike any prior talk I have given. There will be no discussion of randomized controlled trials, I will provide no data to support my statements, I do not have any graphs or tables, and everything will be personal and opinion-driven. I will thank you in advance for indulging me. For some of my closer friends in the room, this statement (“This Is the Moment...”) is a bit of an inside joke, and I am sure they got a chuckle when they saw this title. Without going into too much detail that is rather unflattering to me, it is used in instances where I may be getting carried away, and my friends will throw this out to me in an attempt to get me to slow down and rethink the plan. Julie, they say, “this is the moment...” As they know, I rarely listen. However, for the purposes of this discussion, I think of this in a much broader meaning personally. As I am sure is true of everyone in this room, I have had several defining moments over my career, and I am sure you can think of yours very easily right now. But what I want to talk about today is what this means to each of our patients. Because I can assure you that regardless of stage or biology of the tumor or expected outcomes, the moment they find out that they have breast cancer IS their moment. It will either be THE ultimate defining moment or one of the most important moments in their life, and we have the privilege to be there and the responsibility to ensure that the moment is handled properly. The ASBrS provides each of us with the toolkit to do exactly that, and I would like to spend some time discussing those successes.

This society more than any other has provided an environment where we can make sure we know how best to handle “the moment.” Education of our members has been a cornerstone of this organization since its inception. The annual meeting has always provided a benchmark for the introduction of the latest science, technology, and innovation in our field. During the pandemic, we also realized that this education can occur in a much more fluid manner throughout the year. Past President Walton Taylor had been proposing a year-long educational experience for years. Who knew we just needed the most crippling viral pandemic in all of our lives to bring it to fruition! Although our

in-person annual meeting is thankfully back, we will continue to offer year-long learning experiences and ways for our members to connect with their colleagues moving forward. We have similarly created content for our fellows and candidate members. Eric Manahan, Susan Boolbol, and Kristalyn Gallagher have tirelessly given up their Thursday evenings for the past two years to run tumor boards and didactic courses for our fellows so that they can interact and learn with their peers. And these are no ordinary didactics. They are literally learning from the giants in our field. The ASBrS is dedicated to the training of our fellows and candidates, and we will continue to find ways to engage them in our society.

This society has also been instrumental in guiding physicians regarding the care of both benign and malignant breast patients through the COVID 19 pandemic. At the beginning of the pandemic, members of our society led efforts with other multidisciplinary groups to make recommendations regarding the care of breast cancer patients and how best to prioritize scarce resources at that time.¹ We were similarly instrumental as we began to emerge from the pandemic and reinstitute normal practice patterns.² I think it is fair to say that the fallout from the past two years is yet to be fully realized with respect to the outcomes of patients with breast cancer. However, the pandemic also forced us to examine practice patterns and to identify potential areas where the burden on our hospital systems might be alleviated. Barbara Wexelman and members of the patient safety and quality committee have been working this year on an important publication that demonstrates the safety of outpatient mastectomy for the vast majority of patients. This will be published in the *Annals of Surgical Oncology*, and I believe it will provide support for surgeons to provide safe home recovery options for their patients.

The ASBrS forum is another member tool that can be used to aid our patients' care. We all know that there are patients who do not fit the textbook or the algorithm exactly, and what better way to get advice on the management in real time. To date, over 2340 members have logged onto the forum at least once, with over 560 average member logins per month. Some important initiatives have also arisen from the forum discussions. Granulomatous mastitis is a topic that we identified as a recurrent theme, and members often commented on confusion regarding proper management. Because any one surgeon is unlikely to see many cases in their practice, thankfully I might add, we have been working to create a registry so that members can report their cases and outcomes. We hope that by pooling our patient experiences when it comes to this uncommon disease process, we can learn how better to diagnose, treat, and follow these patients.

I am also very proud of how our society responds to members' needs when it comes to complex treatment management strategies. Our research committee, under the leadership of Lee Wilke, has created many useful consensus statements and guidelines to assist our members. They will continue to update those with the latest data and resources. However, some topics require more of a real-time assessment. One issue that repeatedly comes up on the forum is the management of the axilla. As we all know, landmark trials such as Z0011, Z1071, and AMAROS have continually shifted the treatment paradigm in axillary management.³⁻⁵ Not all patients fit those clinical trial criteria perfectly, however, and although we are anxiously awaiting the outcomes of some key Alliance trials, how do we treat the patients we see today? To address this problem, I asked Past Presidents Chip Cody and Howard Snider to develop an axillary management guide for an exhaustive list of possible patient scenarios. Their three section editors, Theresa Schwartz, Kari Rosenkranz, and Ted James, along with a who's who of axillary management experts, produced a bulleted guide that I am confident will aid all of us in those difficult decisions.⁶ I would congratulate them on completing a very difficult task where even the experts do not always agree.

Our society is also empowered to identify and reduce disparities in healthcare outcomes so that every patient's moment is equally viewed and supported. The health equity advisory group, which is cochaired by Kathie-Anne Joseph and Jane Mendez, has been incredibly active over the past year and is committed to shepherding our society through these complex issues. Health equity for patients with breast cancer has always been a special interest of mine, and I credit the disparities I saw during my residency with sparking my desire to become a breast surgeon in the first place. When I was struggling to figure out my career path and I rotated through the safety net system in St. Louis, I saw many breast cancer patients who were either uninsured or underinsured, predominantly minorities, many non-English speaking, and of low educational backgrounds. The patients who were most vulnerable in our city were forced to navigate a healthcare system that required six additional steps than the typical referral process to get to me and definitive care. It was frankly appalling. Not surprisingly, many had delays in their care that often stretched to over a year. When I became an attending, I began researching the reasons for those delays and how to circumvent them. At the time, I had a very eager medical student who wanted to go into internal medicine, but nonetheless had a passion for indigent care of any type. We began a retrospective project that identified where those delays occurred, and we presented those to the city. This led to a prospective project that ultimately changed the entire safety net referral process. Today, those patients enter through the front door of

our cancer center just like any other insured referral. As a result, the diagnosis of late-stage and metastatic breast cancer dropped by over 60% in the past 10 years for patients in the safety net. Fortunately, that medical student decided to enter a general surgical residency with us and eventually a breast fellowship at MD Anderson. Today, Lola Fayanju is also a member of the health equity advisory group.

I believe that the ASBrS is instrumental in providing the educational and surgical skillset to ensure your patient's "moment" receives the latest expertise. However, sometimes the skills that have no measurable metrics win out in the end. Because I grew up in southern Illinois, about an hour and a half from where I practice in St. Louis, I naturally see many patients from near my hometown, and not infrequently those who I know quite well. This of course has its pros and cons. I am always honored to take care of them, but we all know that cancer outcomes can be unpredictable at best. I was just a few years into my career when I saw a childhood friend who found a lump and immediately contacted me. Her family's farm was just a mile down the road from my family. We graduated high school together, I went on to college, and she married a local farmer and had two girls. At age 39, she was diagnosed with T2N1 invasive lobular cancer. She completed all of her surgical treatment, chemotherapy, and radiation, and was doing well by all accounts on maintenance endocrine therapy. However, on a routine visit two years later, her daughter recounted some odd occurrences where her mom would be walking along and suddenly lose her balance and fall. Now, her mom had never been very coordinated or athletic—she was always the last one picked for sports teams—and they initially chocked it up to her clumsy nature the first time it happened. But then it happened several times over the next two weeks. Scans showed severe leptomeningeal disease. She underwent multiple rounds of intrathecal chemotherapy with horribly debilitating side effects, but with some stabilization of her disease for a short time. However, the disease eventually progressed. Over the course of the next two years, she enrolled in multiple clinical trials. During a break between treatments, I was visiting with her and she was talking about how she and her husband had always wanted to take a tropical vacation with their girls. They were farmers who rarely left their farm, and then her cancer diagnosis consumed their time. Now over the period that I was involved in her care, I had given her a lot of advice—which surgical option was best, how to prevent lymphedema from her axillary dissection and radiation, reconstruction options,

and so forth. But I can tell you that the best advice I ever gave her was to delay starting the next clinical trial and take the vacation. I still see her daughters in my high-risk clinic, and they both recount that trip as one of their fondest memories. Unfortunately, not every patient interaction I could recount today demonstrates me making the best decision. I wish that were true. But that day, I nailed it.

For every patient we see, let us try to remember the moment for them. We have to continually educate ourselves and be prepared for the next paradigm shift in treatment. We must involve our multidisciplinary colleagues to make the best overall treatment decisions with our patients. But ultimately, we have to quiet our minds and be prepared to understand what that moment means to them. The best patient care in that moment may have nothing to do with cancer treatment. At the end of the day, the patient does not care how much you know until they know how much you care. Thank you again for the honor and privilege to serve this society.

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