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Newsletter

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Is DCIS Really Breast Cancer?

In one study, 32% of the patients progressed to Invasive Ductal Carcinoma within 3 ½ years.



By Suzanne A Hoekstra MD FACS

DCIS is an abbreviation for “Ductal Carcinoma In Situ.” DCIS consists of breast cancer cells that reside within the milk ducts or terminal ductal lobular units. These cells have not broken out of the duct into the surrounding tissue, which means they are in situ or noninvasive. Because DCIS is actually composed of breast cancer cells, DCIS is a form of breast cancer.

Like other forms of breast cancer, DCIS contains a number of subtypes. Some DCIS is small, estrogen-receptive and low-grade, and unlikely to ever develop into a more invasive form of breast cancer, such as Invasive Ductal Carcinoma. However, others are more high-grade, multifocal or estrogen receptor negative and have a higher chance of developing into a more aggressive process.

Because some DCIS will never progress, overtreatment may occur. However, some forms of DCIS will progress, and thus undertreatment would place these women at risk for progression to invasive cancer, requiring more aggressive treatments. Many studies have looked at the DCIS population in an attempt to predict who benefits from more intervention such as surgery, radiation, and medication. Because there are so many variables, it has been difficult to accurately predict which types of DCIS will progress in these studies.

In the UK, a study was done to look at what happened to women who did not undergo any surgical treatment for their DCIS. In this study, 32% of the patients progressed to Invasive Ductal Carcinoma within 3 ½ years, and treatment was required. Younger women with high-grade tumors were most likely to see disease progression to invasive cancer, but 25% of women with lower grade tumors also saw disease progression. In patients who were Estrogen Receptor positive, using an antihormonal such as tamoxifen lowered these rates of invasive cancer.

Currently there is interest in selecting a low-risk population of older women with favorable types of DCIS for active surveillance rather than treatment, and clinical trials are ongoing to study this question.

So, the answer to the question is Yes! DCIS is really breast cancer. For the moment, there is no accurate way to distinguish those who will develop more invasive disease from those who will not, so we risk overtreatment in some women to prevent undertreatment in those who may ultimately develop a more aggressive invasive cancer.