DUCTAL CARCINOMA IN SITU

Ductal carcinoma in situ (DCIS) is a non-invasive (stage 0) breast cancer. In situ means "in place." With DCIS, the abnormal cells are contained in the ducts of the breast. This means that they haven't spread to nearby breast tissue (invasive breast cancer). DCIS is also called intraductal carcinoma.

DCIS is treated because doctors don't know which cases might become invasive. With treatment, chances for survival are excellent.

Treatment for DCIS

Treatment involves surgery, with or without radiation therapy. Some people will also take hormone therapy.

Surgery

Surgery (lumpectomy or mastectomy) removes the abnormal breast tissue. Surgery options depend on how far the DCIS has spread in the ducts.

If there's little spread of DCIS in the ducts, a **lumpectomy** can be done. This means the surgeon removes only the abnormal tissue. The rest of the breast is left intact. In most cases, **lymph nodes** aren't removed.

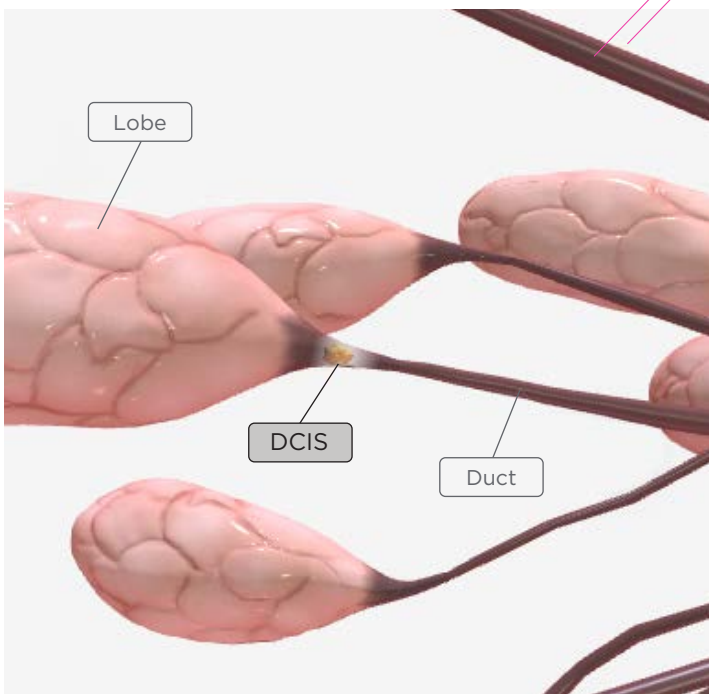
If DCIS affects a large part of the breast, a **mastectomy** is needed. This means the surgeon will remove the whole breast. Some people will have a **sentinel node biopsy** to remove a few lymph nodes in the underarm area. This avoids a larger lymph node surgery if surgery shows invasive breast cancer.

If desired, **breast reconstruction** (surgery to recreate the breast) may be done at the same time as a mastectomy or at a later date.

Radiation therapy

Radiation therapy uses high-energy X-rays to kill cancer cells. Lumpectomy for DCIS is often followed by radiation. This lowers the risk of DCIS recurrence (DCIS coming back) in the treated breast. It also reduces the risk of invasive breast cancer in the treated breast.

Some women may have a lumpectomy without radiation. This may be an option if they have small, low-grade DCIS



and **clean surgical margins** (healthy tissue).

Radiation is rarely given after a mastectomy for DCIS.

Survival is the same for women with DCIS who have a mastectomy and for those who have a lumpectomy (with or without radiation). So, ask your doctor if you will need radiation therapy.

Hormone therapy

Most cases of DCIS are hormone receptor-positive. Hormone receptor-positive tumors express (have a lot of) hormone receptors. **Hormone therapy** drugs slow or stop the growth of hormone receptor-positive cells by preventing the cancer cells from getting the hormones they need to grow. People with hormone receptor-positive DCIS may benefit from hormone therapy (with **tamoxifen** or an **aromatase inhibitor**) for 5 years. Women who have a lumpectomy and have trouble with the side effects of tamoxifen may consider taking a low-dose for 3-5 years.

Hormone therapy isn't given to women who have a mastectomy for DCIS.

This fact sheet is intended to be a brief overview. For more information, visit komen.org or call the Komen Patient Care Center's Breast Care Helpline at 1-877 GO KOMEN (1-877-465-6636) Monday through Thursday, 9 a.m. to 7 p.m. ET and Friday, 9 a.m. to 6 p.m. ET or email at helpline@komen.org. Se habla español.

DUCTAL CARCINOMA IN SITU

Resources

Susan G. Komen®
1-877 GO KOMEN
(1-877-465-6636)
komen.org

Related online resources:

- Breast Cancer Prognosis
- Breast Cancer Surgery
- Follow-up Medical Care After Breast Cancer Treatment
- Hormone Therapy for Breast Cancer
- Treatment Overview for Breast Cancer

Resources in Spanish are available.

ShareForCures®

Help discover cures to breast cancer, faster. Your breast cancer information is as unique as you are. When combined with other people in the ShareForCures community, you provide scientists with a more diverse set of data to make new discoveries. Learn more at komen.org/shareforcures.

Risk of developing invasive breast cancer after DCIS

After treatment for DCIS, there's a small risk of:

- DCIS recurrence (return of DCIS)
- Invasive breast cancer (breast cancer spreading to tissue nearby)

These risks are a little higher with a lumpectomy plus radiation than with a mastectomy, but overall survival is the same after either treatment.

Emerging areas in the treatment of DCIS

Researchers are studying new ways to treat DCIS. For example, they are looking at ways to target treatment to those who are at higher risk and skip treatment for those at lower risk.

After discussing the benefits and risks with your doctor, we encourage you to join a clinical trial if there is one right for you. If you or a loved one needs information or resources about clinical trials, call the Komen Patient Care Center at 1-877 GO KOMEN (1-877-465-6636) or email **clinicaltrialinfo@komen.org**. Se habla español.

Also **BreastCancerTrials.org** in collaboration with Susan G. Komen®, offers a custom matching service to help find clinical trials that fit your needs.

Questions for your doctor

- Which treatments do you recommend for me and why?
- Do I need radiation therapy? If not, why not?
- Is my DCIS hormone receptor-positive or hormone receptor-negative? Will I need to take hormone therapy (tamoxifen or an aromatase inhibitor)?
- How long do I have to decide about my treatment?
- What are the chances of a DCIS recurrence? What about developing invasive breast cancer?
- Were my tumor margins negative (also called uninvolved, clean or clear)? If not, what more will be done?
- How often will I have check-ups and follow-up tests after treatment ends?
- Which health care provider is in charge of my follow-up care? Will a follow-up care plan be prepared for me?
- Are there clinical trials enrolling people with DCIS? If so, how can I learn more?

Learn more about **DCIS** on **komen.org**.