

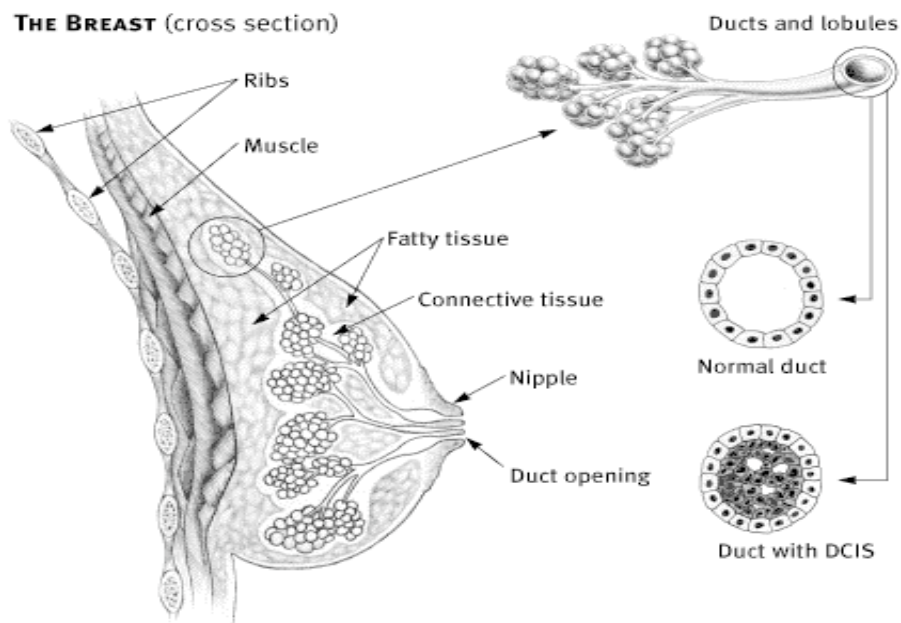
DUCTAL CARCINOMA IN SITU

This information is a general explanation only, and may not apply to your situation. All women with DCIS should obtain expert advice.

What is ductal carcinoma in situ?

Ductal Carcinoma In Situ or DCIS is the most common type of non invasive breast cancer in women. "Ductal carcinoma" refers to the development of cancer cells within the milk ducts of the breast. In Situ means "in place" and refers to the fact that the cancer has not burst through the duct wall and into any surrounding tissue. (non invasive)

Under a microscope, a normal duct shows a lining of a single layer of cells, but in DCIS, many more cells can be seen. Often the cells almost fill the duct, as illustrated below. For some women, DCIS is found in only a few ducts, but for others, it may be discovered in much of the duct system of the breast.



How common is it?

About 1,200 women are diagnosed with DCIS each year in Australia, DCIS can be found in women at any age however, most women are between 50-69 when their DCIS is found. DCIS can also develop in men, although it is very rare.

Symptoms

Most women are not aware of any symptoms at the time of diagnosis. Because DCIS cannot usually be felt as a breast lump or other breast change, most cases are found through routine breast screening programs such as BreastScreen.

Diagnosis and treatment of DCIS

As screening mammography becomes more common, DCIS is diagnosed more often than in the past. More rarely, a woman may be diagnosed with DCIS after she finds a breast change such as a lump or nipple discharge.

DCIS can often be seen as a particular pattern of tiny calcifications on the mammogram. Although the shape and size of the calcifications may suggest DCIS to the radiologist, the diagnosis will need to be confirmed by further investigation. A core needle biopsy will be recommended, this will involve removal of a sliver of tissue through a needle under local anaesthetic. The tissue is then sent to a pathologist. The diagnosis may also be made by a surgical (open) biopsy which is done in hospital, but usually does not involve an overnight stay.

Why is DCIS treated?

The aim of treating DCIS is to prevent invasive breast cancer from developing and to prevent DCIS from recurring. If left untreated, DCIS may progress and invade nearby breast tissue, becoming a 'true' breast cancer. However, we cannot predict whether or when this will occur, so the condition needs to be treated. DCIS can be treated successfully, and most women treated don't develop invasive breast cancer.

How is DCIS treated?

DCIS is usually treated by surgery (breast conserving surgery or mastectomy), either with or without radiation. This means the surgeon will only remove the area of DCIS, along with a small border of unaffected tissue. Most commonly, further treatment by radiation will be suggested. Radiation therapy can have side effects, and you should find out about these before starting a course of treatment

For some women, the doctor will recommend a mastectomy (removal of the affected breast). No further treatment is needed for that breast after mastectomy, and the future risk of breast cancer becomes very small – around 1%. The other breast should be regularly checked by mammography and physical examination.

Long term management

When you have been treated for DCIS, you will probably be advised to have more frequent mammograms than before and regular physical examination. This is due to the risk of recurrence of the DCIS or invasive breast cancer. Your doctor may also want to check that you are aware of the best way to examine your own breasts for signs of unusual change.

Tamoxifen therapy may be recommended after DCIS has been diagnosed and treated. It is taken in tablet form for up to 5 years. Tamoxifen has a proven role in the treatment of invasive breast cancer, and there are now clinical trials indicating it is useful in treating DCIS.

Hormone replacement therapy

Women with a diagnosis of DCIS may think about taking hormone replacement therapy (HRT) if they are troubled by symptoms arising from menopause. Discuss your situation with your doctor, particularly asking about the appropriate dosage, length of time to continue taking HRT, and any other preparations that may help with problems arising from the menopause.

Further information

National Breast and Ovarian Cancer Centre <http://www.nbocc.org.au>

Cancer Council Victoria breast cancer booklet

http://www.cancervic.org.au/downloads/brochures/AL896_Breast_Cancer.pdf

ACKNOWLEDGEMENT: The National Breast and Ovarian Cancer Centre and The Cancer Council Victoria for material used in this Information Sheet