

FACTS FOR LIFE

Ductal Carcinoma in Situ

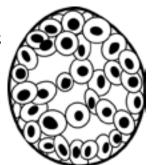
Ductal carcinoma in situ (DCIS) is a non-invasive breast cancer. The term in situ means "in place." This means that the cancer has not spread beyond the ducts. It is also known as intraductal (within the milk ducts) carcinoma. It affects only the ducts of the breast. These ducts carry milk from the lobules (where it is made) to the nipple. DCIS can affect

one area (unifocal) or more than one area of the duct (multifocal). It is treated to reduce the chance it will turn into invasive breast cancer. Without treatment, the cells may spread to other areas of the breast. Then it can also spread outside the breast to other parts of the body.

Types of DCIS

The type of DCIS is just one factor that decides your treatment options. The pathology report will tell the type of breast cancer you have. Ask your doctor for a copy of your report. Make sure your doctor goes over it with you. Here are the five types of DCIS:

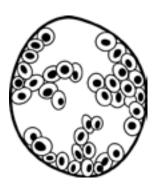
1. *Cribiform* is a grouping of cells with holes (like a sponge). >





< 2. *Solid* is a grouping of cells with no spaces.

- 3. The *papillary* type looks like large, flowerlike growths. >
- 4. *Micropapillary* cells look similar to the papillary cells but are smaller.





< 5. In comedo [koh-ME-doe], the center of the duct is plugged with dead cells making it look white. This is the fastest growing and most aggressive type of DCIS. It is also the type more likely to become invasive breast cancer in the future.</p>

Surgery options for DCIS

Treatment will reduce the chance of getting invasive breast cancer. Treatment involves surgery with or without radiation. After surgery and radiation, some women may take hormone therapy. The type of DCIS you have guides the treatment plan. Surgery options:

Lumpectomy alone

Lumpectomy is also known as breast conserving surgery. The surgeon removes the tumor and some healthy breast tissue around it. It may be done on an outpatient basis. This may be an option when the DCIS is very small and non-aggressive. There is a greater chance of DCIS recurrence (returning) though. And it may turn into invasive breast cancer without radiation.

Lumpectomy with radiation therapy

Radiation therapy uses high-energy X-rays to kill cancer cells. It is given after lumpectomy. It reduces the chance of recurrence. Research has shown lumpectomy with radiation offers the same overall survival as mastectomy. Radiation therapy can take up to six weeks. If daily trips to get treatment are not possible, lumpectomy may not be the best option.

Total mastectomy

With total mastectomy, the surgeon removes the entire breast. This is the preferred treatment for women with DCIS that has spread throughout the ducts of the breast. Since DCIS does not spread to the lymph nodes under the arm, they are not likely to be removed. This treatment requires a short hospital stay. Breast reconstruction is surgery to recreate the breast. It may be done at the time of the mastectomy or at a later time.

A doctor's advice

Question:

How is DCIS different from invasive breast cancer?

Answer:

The term "breast cancer" describes a whole group of cancers that occur in the breast. DCIS is non-invasive. This means it has not spread from the breast ducts to other parts of the breast or body. Invasive breast cancer has spread out of the duct. It can spread to the lymph nodes or other areas in the body. DCIS can be found in more than one part of the breast because it travels through the ducts. The risk of getting invasive breast cancer is reduced by treating DCIS.

Hormone treatment

Hormone therapy is used to treat invasive hormone receptor-positive breast cancer. Tamoxifen and raloxifene may lower the risk of DCIS recurrence and invasive breast cancer. Women treated with lumpectomy plus radiation for hormone receptor-positive DCIS may consider one of these drugs.

Be sure to discuss your options with your doctor. Whatever you choose, you should plan on having careful, lifelong follow-up care. This may vary depending on the type of treatment.

Related fact sheets in this series:

- Aromatase Inhibitors
- Breast Cancer Surgery
- Follow-up
- Hormone Therapy
- Mammography
- Prognostic Factors
- Radiation Therapy and Side Effects
- Treatment Choices An Overview