

## COMMENTARY

# Landmark Study: Breast Cancer Mortality After Diagnosis of DCIS

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Hello. I am Andrew Kaunitz, professor and associate chairman in the OB/GYN Department at the University of Florida, Jacksonville. Today, I would like to discuss a landmark study<sup>[1]</sup> of women diagnosed with ductal carcinoma in situ (DCIS) that clarifies that this should not be considered a life-threatening disease and confirms earlier reports that radiation after lumpectomy does not improve survival.<sup>[1,2]</sup> This study used a national database to assess long-term mortality from breast cancer after treatment of DCIS.

Overall, 20-year breast cancer-specific mortality was 3.3%, with death rates higher among women diagnosed before age 35 years and for black women compared with white women. Not surprisingly, patients initially diagnosed with DCIS who subsequently developed ipsilateral invasive breast cancer had a 20-fold elevated risk of dying from this disease. Higher mortality was also observed among women whose lesions had adverse characteristics including high grade, large size, and estrogen receptor-negative status.

Among patients who underwent lumpectomy, radiation therapy reduced the risk for subsequent ipsilateral invasive breast cancer but did not reduce mortality. Of importance, mastectomy, when compared with lumpectomy, does not reduce mortality and does not represent appropriate therapy for most women with small unifocal DCIS lesions.<sup>[3]</sup>

As the prevalence of screening mammography grows, more small DCIS lesions are being diagnosed. Unlike colonoscopy, which prevents colon cancer by removing polyps, mammography with subsequent surgical treatment of DCIS has not reduced the incidence of invasive breast cancer.<sup>[4]</sup>

When counseling women who have been diagnosed with DCIS, we should:

- Explain that this is not a life-threatening cancer; rather, it is highly treatable with 97% long-term survival rates<sup>[5,6]</sup>;
- Advise that open surgery should be performed after a core needle biopsy diagnosis because there is a 1 in 4 risk of finding invasive disease upon surgical excision; and
- Refer the patient to an up-to-date breast surgeon who can not only perform appropriate excisional surgery but can also, based on shared decision-making, help patients make sound decisions about radiation or other subsequent therapy while avoiding overtreatment.

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