

What Is the Rate of DCIS Recurrence Now in US?

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The medical management of the breast condition known as ductal carcinoma in situ (DCIS) in the United States keeps getting better, according to new research from a top cancer hospital.

The 5-year recurrence rate dropped by about 40% over the past 3 decades in the nearly 3000 patients treated at the Memorial Sloan Kettering (MSK) Cancer Center in New York City.

The recurrence rate of 13.6% in the earlier two decades (1978 to 1998) fell to 6.6% in the most recent decade (1999 to 2010), which translated into a hazard ratio of 0.62 ($P < .0001$).

All of the patients were managed with breast-conserving surgery (i.e., lumpectomy).

But are these findings generalizable to all American women with DCIS?

"Probably, at least to some degree," said lead author Kimberly Van Zee, MD, a surgeon at MSK, in a press statement. "Others have observed declines in local recurrence in smaller series of women."

The findings will be presented tomorrow at the Breast Cancer Symposium 2015 in San Francisco.

The study is "very important" because clinicians currently estimate recurrence risk with patients on the basis of four major studies that began between 1985 and 1990, observed Dr Van Zee.

However, results from these oft-cited randomized trials, which all compared lumpectomy with and without radiation, might be outdated, she said.

"This [new] study shows that recurrence rates have significantly fallen over the decades," she explained.

In their meeting abstract, Dr Van Zee and her colleagues elucidate the significance of the results.

"The lower recurrence risk observed for DCIS patients treated in more recent years is important for patient education, especially in view of the widely reported recent increase in use of mastectomy," they write.

Recurrence rates have significantly fallen over the decades.

In the MSK retrospective study, there were 363 (12%) recurrences in the 2996 cases of DCIS treated during the study period. Median follow-up for patients without recurrence was 6.25 years. A substantial number of patients ($n = 273$) were followed for at least 10 years.

To further understand the rate drop, the researchers performed an analysis that adjusted for numerous factors known to affect recurrence rates.

They controlled for age, family history, presentation (radiologic vs clinical), nuclear grade (non-high vs high), necrosis, number of excisions (≤ 2 vs ≥ 3), margin status (positive/close vs negative), radiation, and endocrine therapy. Even after all of these variables were considered, the association between treatment period and recurrence remained significant; the hazard ratio was lower in the

most recent decade than in the earlier 2 decades (hazard ratio [HR], 0.74; $P = .02$).

The researchers summarize what this statistical exercise means: "Recurrence rates for DCIS have fallen over time. Increases in screen detection, negative margins, and use of adjuvant therapies only partially explain the decrease."

Dr Van Zee said there are "other factors" not currently measurable that have also improved. She believes these include radiologic detection and pathology assessment.

"Radiologic detection refers not just to more widespread use of mammography, which we could adjust for, but also to improved quality of mammogram that allows better detection," she explained.

As for pathology assessment, it is "probably much more specialized and detailed now than decades ago, which results in lower rates of recurrence," she added.

These ideas were echoed by Harold J. Burstein, MD, PhD, from the Dana-Farber Cancer Institute in Boston, who was not involved with study.

"This study demonstrates that multidisciplinary care, combined with advances in management and detection, is making a tangible difference for women with DCIS," Dr Burstein, who also acts as an ASCO "expert," said in another press statement.

The researchers also stratified patients who received radiation in addition to lumpectomy during the study period. After stratification and adjustment for seven other factors, they found that the decrease in recurrence rates was limited to those not treated with radiation (HR, 0.62; $P = .003$).

Furthermore, for those treated with radiation, there was no decline in recurrence rates between the two study periods (HR, 1.13; $P = .6$).

This is important, said Dr Van Zee, "because radiation is given only to reduce local recurrence rates and has never been shown to improve survival."

She added that these study results are nonetheless a boost for lumpectomy use in this setting, with or without radiation: "This is good news for women who want to have breast conservation for DCIS!"

Senior author Monica Morrow, MD, reports financial ties to Genomic Health. Dr Burstein has disclosed no relevant financial relationships.

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