



PATIENT LEAFLET - DUCTAL CARCINOMA IN SITU (DCIS)

WHAT IS DUCTAL CARCINOMA IN SITU (DCIS)?

DCIS is a VERY early form of breast cancer, where the cancer cells have developed within the milk ducts but remain there (so called 'in situ') as the cells don't have the ability to spread outside the ducts into the surrounding breast tissue or to other parts of the body. So it is usually described as a pre-invasive, intraductal or non-invasive cancer. Both men and women can develop DCIS, however it is very rare in men. As a result of being confined to the breast ducts, a diagnosis of DCIS has a very good outlook.

WHAT ARE THE SYMPTOMS OF DCIS?

DCIS often has no accompanying symptoms and it is usually identified on a mammogram. The image of the breast appears as though it has irregular calcium deposits (microcalcifications). However, some people may notice a change in the breast such as a lump, discharge from the nipple or more rarely, a type of rash involving the nipple (called Paget's disease).

HOW IS DCIS DIAGNOSED?

If the radiologist (X-ray doctor) who read your mammogram suspects you have DCIS, he or she will arrange for you to have a mammographically guided (stereotactic) biopsy. The biopsy can often be done the same day, you will be given an idea of the most likely diagnoses and the biopsy report will follow within a few days.

WHAT IS THE TREATMENT FOR DCIS?

- **Local excision with radiation therapy.** Most patients have great success rates having a wide local excision (lumpectomy or breast conserving treatment) and subsequent X-ray treatment to the breast. Rachel has great experience treating women diagnosed with DCIS through the breast screening programme (> 40 cases/year) with a variety of "oncoplastic" operations aimed to minimise any change in breast shape or size whilst giving first class cancer treatment.
- **Mastectomy.** Some women have more extensive DCIS where a mastectomy may be the more appropriate surgical treatment instead of a lumpectomy. This would generally be accompanied with a lymph node biopsy from the armpit at the same time and is unlikely to require any additional radiotherapy afterwards. Mastectomy can often be accompanied by immediate breast reconstruction should this be required. Rachel can offer a range of immediate or delayed breast reconstruction techniques and works closely with several plastic surgeons if additional input is required.
- **Chemotherapy.** Chemotherapy is not needed for DCIS, since the disease is noninvasive.
- **Hormonal Therapy.** Hormonal therapy is only occasionally recommended as part of a clinical trial if the DCIS expresses the oestrogen receptor on the surface of the cells.

WHAT IS THE PROGNOSIS FOR DCIS?

Women with DCIS have an excellent prognosis. By treating DCIS in a specialist centre you ensure your health is in the best possible hands. Following treatment for DCIS most women are offered annual screening mammograms for 5 years or to age 50 to monitor both the treated breast and the opposite healthy breast. By definition, there is no risk of distant recurrence since the cancer is noninvasive.