The Journal of Breast Health
meme sağlığı dergisi

The Journal of Breast Health 2010 Vol: 6 • No: 3
Meme Sağlığı Dergisi 2010 Cilt: 6 • Sayı: 3

DUCTAL CARCINOMA IN SITU

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In the United States, it is estimated new cases for invasive cancer for 2010 will be approximately 192,370 and new in situ cancer approximately 62,280 cases. Over 20% of all newly diagnosed BC cases are in situ cancer and DCIS is 80% of all in situ cancers. Thirty to forty percent of mammographically detected BC cases and 10-20% bilateral cancers are DCIS. While making a decision on the treatment options of DCIS, clinical and histopathological factors such as size / extent of lesion, architectural patterns, nuclear grade, necrosis, margin status, microcalcifications, periductal inflammation, young age, and palpable disease, nodular density on mammography, Paget's disease, nipple discharge, and diagnosis of DCIS by needle core biopsy should be considered. Until we can predict more precisely which cases of DCIS that will not progress to invasive carcinoma during an individual's lifetime, the standard treatment of DCIS is breast conserving surgery (clear margin) followed by radiation therapy and followed by tamoxifen for ER positive cases. Sentinel lymph node biopsy should be considered if patient should undergo mastectomy.

Ongoing randomized studies will give us updated information on the important of radiation therapy aromatase inhibitors and trastuzumab in DCIS.

In the Istanbul Consensus meeting, we will discuss and publish an updated guideline for DCIS, where it may be more applicable to our region. Screening mammography has increased the detection rate of DCIS in Turkey as well. I personally think that it is the time to create a working group on DCIS under the Federation's umbrella and the next step should be to initiate randomized studies. This may allow us to create more appropriate guidelines on the diagnosis and the treatment of DCIS in our region.

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