Ductal Carcinoma in Situ (DCIS) of the Breast

What is DCIS?

Ductal Carcinoma in Situ, or DCIS, is a cluster of abnormal cells found in the milk duct in the breast. It is often called a “pre-malignant condition”. It is also called “non-invasive cancer” or a Stage 0 breast cancer. Because of high quality mammography, a cluster of abnormal cells can now be found early, when they are still too small to be felt.

DCIS refers to cancer cells that are found only within the milk ducts. They have not spread through or outside of the wall of the duct. Most other breast cancers are found after they have spread to surrounding breast tissue (see illustration). Since blood vessels and lymph vessels are located outside the duct, DCIS cells have not spread to other areas of the body.

DCIS is often found during a routine mammogram. Patients with usually have no symptoms. If an area shows an abnormality called microcalcification (white specks), more diagnostic imaging is needed.
If your mammogram is abnormal, a breast biopsy is done. This is a procedure that removes some of the abnormal cells to test them. If a biopsy is taken and DCIS is found, it can be effectively treated.

What is the risk with DCIS?
The major risk with DCIS is that the abnormal cells may become invasive cancer. Left untreated, DCIS can progress and may spread to surrounding tissue or go to other areas of the body through the lymph or blood vessels. At this time, there are no tests to predict if or when these DCIS cells might change, so every case of DCIS is treated with surgery to completely remove the abnormal cells.

How is DCIS treated?
Treatment of DCIS is based on each individual patient. You and your doctor will decide your treatment based on:

- Your mammogram results
- What was found with the biopsy
- Your doctor’s exam of the breast
- Where the cells are located in the breast
- If there is more than one area of DCIS in the breast
- Your discussion with the doctor about how much breast tissue is to be removed

Surgery
If surgery is recommended you may have one of the following:

- Lumpectomy - the abnormal area and a rim of normal tissue will be removed. Radiation therapy will be recommended after this surgery.
- Total mastectomy - the whole breast will be removed. Your doctor may also talk with you about reconstructive surgery. This surgery creates a mound of tissue where the breast has been removed.

DCIS can occur in several areas in the breast. The medical name for this condition is “multicentricity”. If there is more than one area of DCIS in the breast, a mastectomy may be recommended to remove...
all the areas of these abnormal cells. It is important to remove them while they are still in the wall of the duct, before they change and become an invasive cancer.

After surgery, a pathologist will examine the tissue that has been removed. This is done to make sure none of the DCIS has spread through the wall of the duct. It is important to make sure that an adequate area of “clean” tissue, called a clear margin, was taken out with the surgery. If DCIS is found in the tissue around the lumpectomy it is called “positive” margins. If abnormal cells are found in the tissue margin, additional surgery is needed.

If the DCIS becomes invasive and spreads through the wall of the mammary duct, further surgery or other treatment may be needed.

**Stopping All Hormone Medicines**

- Birth control pills or shots
- Estrogen and progesterone (pills, patches or creams)
- Plant estrogens (natural estrogens)
- Reduce excessive use of soy products
- Chemoprevention using Tamoxifen™. This anti-estrogen pill is taken once a day for 5 years to protect breast tissue and prevent breast cancer.

**Close Follow-Up**

This will include a mammogram every year, monthly self-breast exams and a breast exam by a doctor every 3 to 6 months. It is important for you to do your monthly self-breast exams and report any changes to your doctor or nurse.