

Patient Diagnosis Resource for DUCTAL CARCINOMA IN SITU

Your Diagnosis

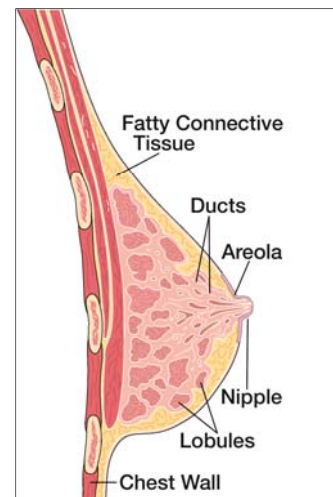
After completing a thorough lab analysis of your recent biopsy, a specialized doctor called a pathologist reported a diagnosis of ductal carcinoma in situ (DCIS), an early stage of breast cancer. DCIS is the most common type of breast cancer that is non-invasive, or contained within the area where it began, accounting for some 85% of all carcinomas in situ.

About the Condition

The breast is comprised of 2 main types of tissue — glandular and supportive. The glandular portion includes the lobules, which produce milk in women who are breastfeeding, and the ducts, which carry milk from the lobules to the nipple. The supportive portion includes the fibrous connective tissue and fatty tissue that determine the size and shape of the breast. Any of the tissues of the breast can experience symptom-causing changes, which may be either benign or cancerous.

Ductal carcinoma in situ occurs when cancerous, or malignant, cells form in and stay confined to a milk duct. The term “in situ” refers to the cancer being located “in one site.” DCIS is also known as Stage 0 breast cancer. It can cover a small or large area, but it does not spread from the duct into the surrounding breast tissue, lymph nodes or other areas of the body.

DCIS is diagnosed by mammograms (breast X-rays) some 80% of the time, with very few cases showing up as lumps in the breast. It can be limited to just one area of the breast or affect more than one area in the same region. There is a five-year survival rate of nearly 100% for women who are diagnosed with DCIS because of its early stage and high treatability.



Treatment Options

Treatment plans for ductal carcinoma in situ can vary and depend upon a variety of factors, such as the size of the cancer and involved area or areas of the breast, the particular type of DCIS, family history and personal preferences. Sometimes more than one type of therapy may be used. The following treatment possibilities are available:

Lumpectomy – A lumpectomy is breast-conserving surgery that removes only the tumor and a surrounding area of normal tissue.

Mastectomy – Mastectomy, or surgery to remove the breast, may be performed with or without reconstructive surgery. The most commonly used procedure for DCIS cases is total mastectomy, which removes the entire breast but none of the axillary (underarm) lymph nodes. Patients considering breast reconstruction should consult with a plastic surgeon who is an expert in the procedure before having a mastectomy.

Radiation Therapy – Lumpectomy is usually followed by radiation therapy, which can be delivered externally or internally. In external beam radiation, a high energy X-ray machine is used to direct radiation at the tumor. Internal radiation therapy uses small radioactive implants placed directly into the breast.

Hormone Therapy – Hormone therapy is only recommended for women whose cancer cells have certain hormone receptors as determined by laboratory testing. It helps cancer shrink and grow more slowly by keeping the malignant cells from exposure to certain hormones such as estrogen and progesterone. Methods used include drugs such as tamoxifen to block the production and effect of the hormones and the removal of the ovaries, the main site of estrogen production.

What You Can Do

You can choose to take an active role in your health and well-being. Learn as much as you can about your condition and have a list of questions ready each time you meet with your doctor. Join a cancer support group, and talk with your family, friends, clergy person or counselor as you feel comfortable. Also, be sure to get enough sleep every night.

Since women who are diagnosed with DCIS can have a somewhat increased chance of developing breast cancer in the future, they are usually followed closely by their doctors, having regular breast exams and screening mammograms. Be sure to keep all of your doctor's appointments and promptly report any breast changes or new symptoms that develop.

According to the American Cancer Society (ACS) general recommendations for early breast cancer detection, women in their 20s and 30s should have a clinical breast exam by a health professional as part of their regular health exams, preferably every 3 years. The ACS recommends that women age 40 and older have a mammogram and a clinical breast exam each year. Women at an increased risk for breast cancer should talk with their doctors about additional screening possibilities such as starting mammograms at a younger age, having breast ultrasound or MRI testing, or having more frequent exams.

You can also perform a breast self-exam once a month, which has been shown to play a small role in finding breast cancer and is recommended by the ACS for women age 20 and older. These exams help you know how your breasts look and feel normally, so you can more easily notice any unusual changes and report them promptly to your doctor. Talk with your doctor about the best techniques to use during breast self-exam, or visit the American Cancer Society and Susan G. Komen Websites listed below for more details.

Additional Resources

American Cancer Society, 800.227.2345, www.cancer.org
National Cancer Institute, 800.422.6237, www.cancer.gov
Susan G. Komen Breast Cancer Foundation, 800.462.9273, www.komen.org

This patient resource sheet is provided to you as a service of CBLPath® and is intended for information purposes only. It is not meant to serve as medical advice or a substitute for professional medical care. Treatment options may vary, and only you and your physician can determine your best treatment plan.