

What is DCIS?

DCIS means that there are abnormal cells inside the milk ducts or 'in situ' and they have not developed the ability to spread to other parts of the breast or outside it. We know that in some people if DCIS is left untreated, the cells may eventually develop the ability to spread from the ducts into the surrounding breast tissue and become an invasive cancer. Not every woman with DCIS will go on to develop breast cancer if it is left untreated, but it isn't possible to predict which DCIS will develop into breast cancer and when. If you have had DCIS you are at higher risk of it coming back or developing breast cancer than a person who has never had breast cancer. Most recurrences happen within 5 to 10 years after your initial diagnosis. Women can develop DCIS at any age but it is more common over age 50. Men can also get DCIS, but it is rare.

Grading DCIS

DCIS is often split into three groups according to the appearance of cells under a microscope, how much they differ from normal breast cells and how quickly they are growing and dividing:

- **Low grade:**
The cells still look quite similar to normal breast cells and are slow-growing.
- **Intermediate grade:**
The cells look less like normal cells and are growing and dividing faster than normal.
- **High grade:**
The cells look very different to normal cells and are growing and dividing faster than

low and intermediate grade DCIS. High grade DCIS has a higher risk of becoming invasive cancer within five years after diagnosis and has a higher risk of recurring after treatment than low or intermediate grade.

How is DCIS found?

Most people do not experience symptoms when they have DCIS. It is usually detected during a screening mammogram. A very few people are diagnosed with DCIS after finding a lump, experiencing nipple discharge or, occasionally, a change in the nipple itself. DCIS usually shows on the mammogram as small clusters of specks of calcium in the breast ducts. These specks are called 'microcalcifications'. Mammograms are the most accurate way of diagnosing DCIS. If an area of abnormal microcalcification is seen, the doctor will ask to take a 'core biopsy' from the area so that it can be sent to the laboratory for testing. Occasionally a needle biopsy will not be enough and you will be asked to consent to a surgical biopsy under general anaesthetic.

Does DCIS need to be treated?

If it is not treated DCIS may start to progress into the surrounding breast tissue. Not all DCIS will become breast cancer. Unfortunately, we are unable to tell which DCIS will progress to breast cancer. We recommend surgery for everyone with DCIS.

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What is the treatment for DCIS?

DCIS itself is not life threatening, but if left untreated it may become an invasive cancer. Surgical removal of all DCIS is recommended. A team of specialists will look at the results of your tests and make a recommendation on the type of surgery that would be best for the DCIS you have. DCIS is often quite hard to see and so there is always the chance that you might have to have a second operation. Radiotherapy may be recommended after your surgery. Chemotherapy is not usually used for DCIS because it has not spread to other parts of the body.

How quickly do I need to make a decision about my surgery?

The changes with DCIS take place over years. You can take time to decide on your treatment choice and seek a second opinion if you want.

Will I need to have Tamoxifen?

We do not recommend Tamoxifen for women who have had DCIS.

Follow up

Because you are at risk of another DCIS or breast cancer, we will recommend yearly mammograms and follow up appointments.

What can I do to reduce my risk of reoccurrence?

Please talk to us about reducing your risk, we know it can be difficult and we will try to find support for you.

Reduce alcohol

Research consistently shows that drinking alcohol increases the risk of breast cancer. Compared with people who don't drink at all, people who have three alcoholic drinks a week have a 15% higher risk of breast cancer.

Stop smoking

Smoking is linked to a higher risk of breast cancer in younger, premenopausal women. Research also shows there may be link between very heavy second-hand smoke exposure ('passive smoking') and breast cancer in postmenopausal women. Also smoking can increase complications from breast cancer treatment, including:

- difficulty healing after surgery
- damage to the lungs from radiation therapy
- higher risk of blood clots