

Presentation

Multidisciplinary management of ductal carcinoma in situ: a 10-year experience

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Abstract

Background: Two ductal carcinoma in situ (DCIS) treatment controversies are (1) what is the preferred margin for patients undergoing lumpectomy plus radiation, and (2) is there a subgroup that can be safely treated with lumpectomy alone? A multidisciplinary team was established to evaluate these issues.

Methods: Patients with DCIS who were candidates for breast-conservation were divided into 2 groups. Group 1 had a minimum 5-mm margin and received radiation, and group 2 had a minimum 10-mm margin and received no radiation.

Results: One hundred fifty-two patients (153 cancers) met the inclusion criteria. The median follow-up was 8.2 years. Overall, there were 6 recurrences (3.92%); 1 of 71 recurred in group 1 (1.40%), and 5 of 82 recurred in group 2 (6.01%).

Conclusion: Five-millimeter margins plus radiation results in low rates of recurrence. A subgroup of DCIS patients can be identified in which radiation can be safely avoided. The multidisciplinary team approach to managing DCIS enhances the potential for improved outcomes. © 2007 Excerpta Medica Inc. All rights reserved.

Keywords: Ductal carcinoma in situ; Margin width; Radiation therapy; Local recurrence; Multidisciplinary team
