

Ductal carcinoma in situ (DCIS)

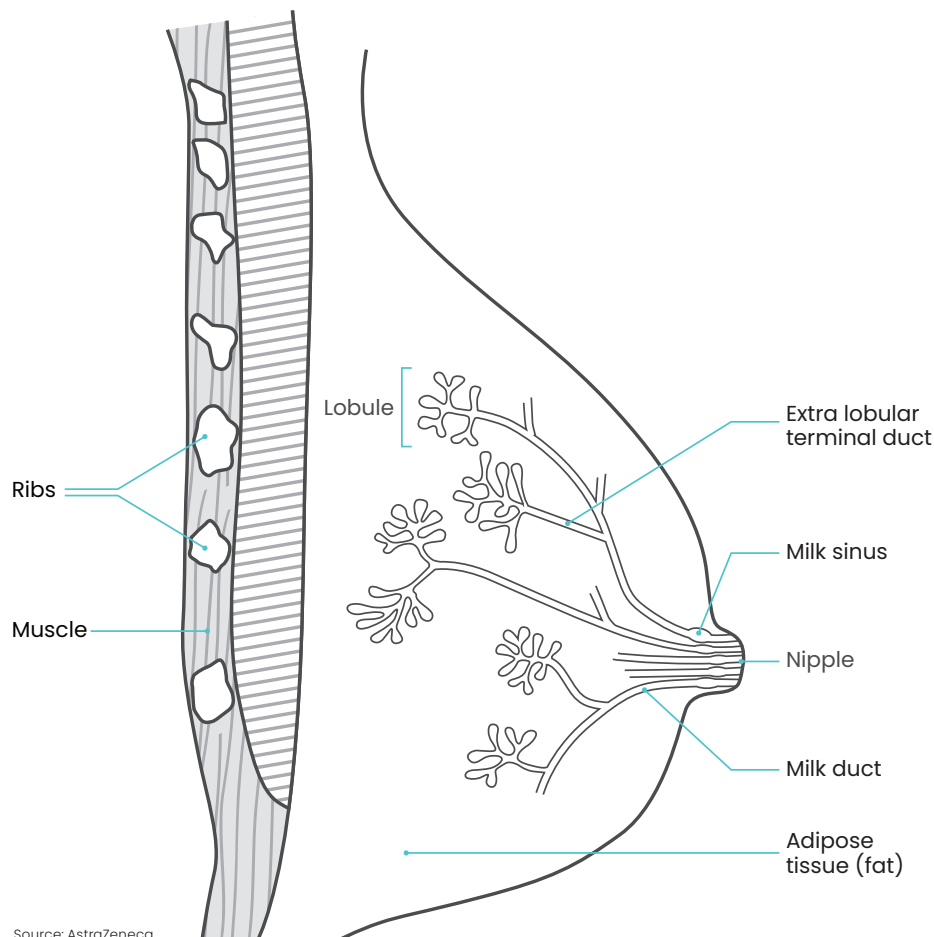
This document includes information about ductal carcinoma in situ (DCIS).

What is DCIS?

Ductal carcinoma in situ (DCIS) occurs when some of the cells that line a group of milk ducts within the breast have started to become cancer cells. As these cells are contained within the ducts and have not spread into the surrounding breast tissue (in situ), there is very little chance that the cells can spread into the lymph nodes or anywhere else in the body. It is referred to as 'pre-cancer.'

If left untreated, DCIS may develop into invasive breast cancer (cancer that moves beyond the milk ducts). Invasive breast cancer can spread to other parts of the body.

Most people with DCIS do not have symptoms. DCIS is usually diagnosed on a breast screen (mammogram) where it may be seen as specks of calcium (microcalcification). Occasionally, those diagnosed with DCIS may have a breast lump or nipple discharge.



How is DCIS diagnosed?

DCIS is usually diagnosed on a needle core biopsy before surgery. Sometimes, even when the needle core biopsy shows DCIS, we can only see invasive breast cancer when the area is removed by a surgeon and examined by a pathologist. In other cases, we may find early invasive breast cancer (rather than just DCIS) in the final pathology. This is more likely if the area of DCIS is large or if it can be felt as a lump.

Your surgeon will discuss the likelihood of invasive breast cancer with you before any surgery.

Will I need treatment for DCIS?

The cells in DCIS are cancer cells. They may spread out of the milk duct and into the breast tissue if left untreated. If this occurs, the DCIS has become invasive cancer which, in turn, can spread to lymph nodes or other parts of the body.

It is difficult to determine the rate of progression from DCIS to invasive cancer. This change may occur after 6 to 12 months; in some cases, it may take many years.

What is the treatment for DCIS?

There are several ways to treat DCIS:

1. **Wide local excision (lumpectomy)** – Removal of DCIS tissue. This may include radiotherapy.
2. **Total mastectomy** – Removal of the whole breast.

3. **Total mastectomy with breast reconstruction** – Removal of the whole breast, followed by a rebuild of the original breast shape.
4. **Hormonal therapies** – Hormonal therapies commonly prescribed to treat invasive breast cancer may be suitable. These include medicines such as Tamoxifen and aromatase inhibitors.

Can I have free breast screens if I have DCIS?

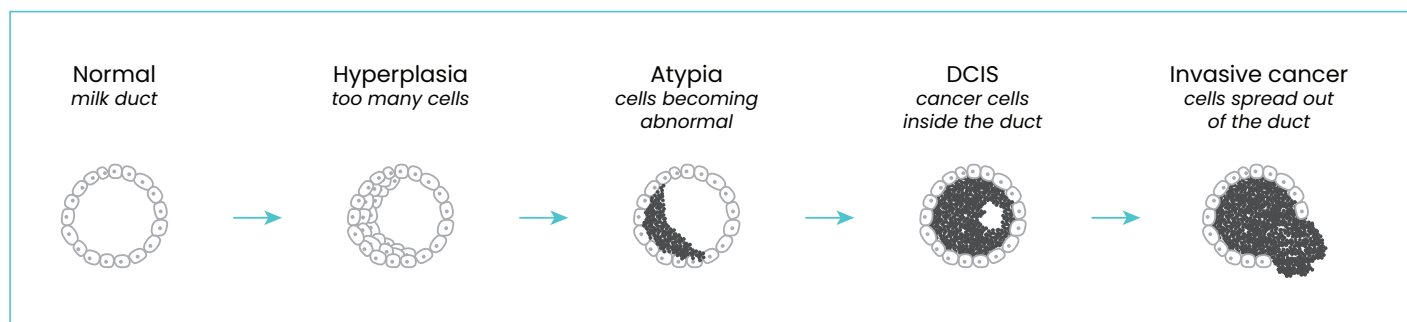
For the first 5 years after a diagnosis of DCIS, you will need to be closely monitored by a doctor.

After 5 years, you can have free breast screens through our program with the approval of your doctor.

We recommend you discuss with your doctor whether our program is suitable for you before booking an appointment. This includes if you have had a mastectomy and can have your other breast screened. If you have had a double mastectomy (both breasts removed) you will not need a breast screen as you will not have any remaining breast tissue.

More information

- **Westmead Breast Cancer Institute**
(www.bci.org.au)
- **Breast Cancer Network Australia**
(www.bcna.org.au)



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BreastScreen Victoria acknowledges the
support of the Victorian Government.