

Diagnosis and Treatment of Patients with Primary and Metastatic Breast Cancer

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Version 2009.1.0

Ductal Carcinoma in Situ (DCIS)

◀◀ **START**

Ductal Carcinoma in Situ DCIS

- **Version 2002:
Gerber**
- **Version 2003–2008:
Audretsch / Brunnert / Costa / Fersis
/ Friedrich / Junkermann / Maass /
Scharl / Souchon / Thomssen**
- **Version 2009:
Friedrich / Oberhoff**

Further
Information

References

Pretherapeutic Assessment in Suspicious Lesions (BIRADS 4)

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➤ Mammography	1b	A	++
➤ Magnification view of microcalcification	4	C	++
➤ Stereotactic core needle / vacuum biopsy (VAB)	2b	B	++
➤ Specimen radiography	2b	B	++
➤ MRI	3a	C	+/-
➤ FNA / ductal lavage	5	D	-
➤ Interdisciplinary board presentation	5	D	++

Further Information

References

Surgical Treatment for Histologically Proven DCIS

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➤ Excisional biopsy (wire guided)	2b	B	++
➤ Bracketing needling in large lesions	5	D	+
➤ Specimen radiography	2b	B	++
➤ Immediate re-excision for close margins (specimen radiography)	1c	B	++
➤ Intraoperative frozen section	5	D	--
➤ Interdisciplinary board presentation	2b	C	++

Further Information

References

Open biopsy In suspicious lesions (mammographical microcalcifications, suspicious US, MRI etc.) without preoperative needle biopsy should be avoided

Surgical Treatment for Histologically Proven DCIS

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- | | | | |
|---|-----------|----------|------------|
| ➤ Histologically clear margins (R0)
close margins (< 10 mm) tolerable in
direction of skin and muscle | 2b | C | ++ |
| ➤ Multifocal DCIS: BCT if feasible (incl. RT) | 2b | B | + |
| ➤ Re-excision required for close margin
(<u>< 10</u> mm in paraffin section) | 2b | C | +/- |
| ➤ Mastectomy (large lesions; no clear
margins after re-excision) | 2a | B | ++ |
| ➤ SNE (for ≥ 4–5 cm DCIS) | 3b | B | + |
| ➤ ALND (incidence of axillary
spread only 2%!) | 2b | A | -- |

Further
Information

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DCIS – Prognostic Factors for the Incidence of Local- / Locoregional Recurrence

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➤ Resection margin	2b	C	++
➤ Residual tumor-associated microcalcification	2b	C	++
➤ Radiotherapy (yes / no)	1b	B	++
➤ Age	2b	C	+
➤ Size	2b	C	+
➤ Grading	2b	C	+
➤ Comedo necrosis	2b	C	+
➤ Architecture	2b	C	+
➤ Method of diagnosis	2b	C	+/-
➤ (mod.) Van Nuys Prognostic Index	2b	C	+/-
➤ DCIS with microinvasion – treatment similar to invasive breast cancer	3b	C	++

DCIS Radiotherapy

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Radiotherapy after:

- Breast conserving surgery (BCS)
- Mastectomy

1a B ++

2b B - -

Radiotherapy may be omitted in case of:

- Small tumor size (< 2 cm)
- ≥ 10 mm free margin (R0 random)
- Nuclear grade: low / intermediate or VNPI ≤ 4

2b B +/-

+/-

+/-

Side effects and disadvantages from radiotherapy must be balanced to risk reduction!!!

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DCIS Postoperative Systemic Treatment

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➤ Tamoxifen

- ER / PgR positive DCIS
- AI if postmenopausal and
contraindication to tamoxifen

1a A +*

1b B +*

5 D +/-*

➤ Other endocrine options

5 D -*

Further
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References

Local Recurrence of DCIS after Tumorectomy w/o Irradiation

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- **Simple mastectomy** 3a C ++

- **Secondary tumorectomy**
leads to recurrence rates about 30%
(NSABP B17) 5 D +/-
 - **Plus radiotherapy (in case of no previous RT)** 3 C ++

Prognosis for invasive recurrence seems to be better than in case of primary invasive breast cancer; ~ 50% of recurrences are invasive

Further
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Key Points

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- **DCIS is a local disease and should primarily be treated with local approaches only**
- **BCS offers an acceptable local control rate for many patients with DCIS (LoE 1a)**
- **After BCS, postoperative radiotherapy is recommended (LoE 1a)**
- **So far, no influence on survival by postoperative radiotherapy can be detected (LoE 1a)**
- **There probably exists a dose-effect relationship (LoE 4)**
- **Young age is an independent risk factor for local recurrence. Therefore, especially younger patients might benefit from a boost irradiation (LoE 4)**
- **As margins are an important prognostic factor for local tumor control, R0-resection should be aimed at (LoE 1b)**

Further
Information

References