Ductal carcinoma in situ (DCIS)

This factsheet deals with the main aspects of ductal carcinoma in situ, commonly called DCIS. To explain it properly, it is important to understand what the breasts are made of. We hope that this helps you discuss any questions you might have with your cancer specialist or breast care nurse.

**INSIDE THE BREAST AND WHAT IS DCIS?**

The breasts are made up of ducts (tubes which carry milk to the nipple) and lobules (or milk producing glands). These are surrounded by fatty and supportive tissues. Breast cancer occurs when normal breast cells begin to divide and grow in an abnormal way.

DCIS is an early form of breast cancer. You may hear it described as a pre-cancerous, intraductal or non-invasive cancer. This means the cancer cells are inside the milk ducts or ‘in situ’, and have not developed the ability to spread outside the breast.

**WHAT ARE THE SYMPTOMS OF DCIS?**

Most women with DCIS have no symptoms. Some may have a lump, a thickening of tissue, a discharge from the nipple or, rarely, a type of rash involving the nipple known as Paget’s disease of the breast. For more information call the National Breast Cancer Helpline on 1800 30 90 40 and ask for our factsheet on Paget’s Disease of the Breast.

**HOW IS DCIS DIAGNOSED?**

As DCIS does not usually have any symptoms, most cases are diagnosed from a mammogram (breast X-ray).

The mammogram shows a cluster of small white dots. These white dots contain calcium and are known as microcalcifications. Not all microcalcifications turn out to be DCIS. To confirm a diagnosis, a biopsy (removal of a piece of breast tissue) will be taken using the mammogram to guide the radiologist to the area of microcalcification. This is called a stereotactic core biopsy.
If you have symptoms such as a lump or nipple discharge, you will be given a range of tests. These may include a mammogram and a fine needle aspiration which involves removal of cells using a fine needle and syringe.

**ARE THERE DIFFERENT TYPES OF DCIS?**

There are a number of different types of DCIS. Very simply, they can be divided into high-, intermediate- and low-grade DCIS. This grading is based on what the cells look like under the microscope.

If DCIS is left untreated, the cells may spread from the ducts into the surrounding breast tissue and become an invasive cancer (cancer with the ability to spread to other parts of the body). It is thought that low-grade DCIS is less likely to become an invasive cancer than high-grade DCIS.

**WHAT TREATMENT WILL I BE OFFERED?**

The aim of treatment is to prevent the development of invasive cancer. Currently, there is no one approach that is suitable for all women and the treatment offered to you will depend on factors such as the extent of DCIS and the grade.

**Surgery**

As for most types of breast cancer you will be offered surgery as your first treatment. For many years the treatment for most cases of DCIS was mastectomy (removing the whole breast), which meant there was a very low risk of the cancer coming back. However, recent research has shown that removing the part of the breast containing the DCIS is enough in most cases.

The type of surgery offered could range from wide local excision, which involves removing the area of DCIS and an area of normal tissue around it, to mastectomy with or without breast reconstruction.

However, recent research has shown mastectomy is usually recommended if the DCIS affects a large area of the breast. It is also recommended if it is not possible to get a clear area of normal tissue around the DCIS by wide local excision or if there is more than one area of DCIS.

If an area of invasive cancer is found by the pathologist (the specialist in the laboratory who assesses the tissue) along side the DCIS, this will affect the treatment you are offered.

Generally speaking, the lymph nodes in the axilla (glands in the armpit) do not need to be removed for DCIS.

For DCIS that cannot be felt, a procedure called localisation is used before surgery. This helps the surgeon pinpoint the exact area to be removed during surgery. The radiologist (specialist in reading X-rays and scans) uses a mammogram or ultrasound as a guide to put a needle into the area of microcalcification in the breast. This can take up to an hour and may be uncomfortable, as it means that the mammogram plates are pressed onto the breast for some time. Once the wire is in place, it is covered with a comfortable padded dressing and left there until surgery. This is usually on the same day as the localisation, but the wire will not move during this time as it is carefully secured.

**Other treatments or Adjuvant treatments**

Adjuvant treatments are treatments given in addition to surgery to reduce the risk of DCIS coming back or an invasive cancer developing. These include radiotherapy and hormone therapy. Chemotherapy is not used for DCIS.

A wide local excision is likely to be followed up with radiotherapy unless the area of DCIS was very small and/or low grade. Call the National Breast Cancer Helpline on Freefone 1800 30 90 40 and ask for our factsheet on Radiotherapy.

If the type of DCIS you have is oestrogen receptor positive (the tumour depends on the hormone oestrogen for
growth), you may be offered hormone therapy. This will also depend on other factors such as the grade of the DCIS. For more information call the National Breast Cancer Helpline on Freefone 1800 30 90 40.

COPING WITH BREAST CANCER
Finding out that you have breast cancer can leave you feeling a range of emotions. Fear, shock, sadness and anger are all common feelings at this time.

Although DCIS is a very early and treatable form of breast cancer, many women still experience times when they feel anxious and rather negative. Remember that there are people who can support you so don’t be afraid to ask for help. You can let other people know how you are feeling, particularly your family and friends, so that they can be more supportive. It can also help to discuss your feelings or worries with your breast care nurse or specialist.

FURTHER SUPPORT
You might find it easier to share your feelings with someone who has had a similar experience to you. Reach to Recovery is a programme set up to help and support women who have recently had a breast cancer diagnosis. The programme works on the principle of personal contact between the patient and a Reach to Recovery volunteer — a woman who has had treatment for breast cancer. Carefully selected and fully trained volunteers are available to provide advice and reassurance at a time when a woman is most in need of both.

HELP FROM ACTION BREAST CANCER
Action Breast Cancer a programme of the Irish Cancer Society, provides breast cancer information and support, and funds breast cancer research. Our services are free, confidential and accessible.

For more information call the National Breast Cancer Helpline on Freefone 1800 30 90 40 or visit www.cancer.ie/action.
USEFUL ORGANISATIONS

Action Breast Cancer  
43/45 Northumberland Road  
Ballsbridge, Dublin 4  
Freefone: 1800 30 90 40  
Email: abc@irishcancer.ie  
Web: www.cancer.ie/action

Irish Cancer Society  
43/45 Northumberland Road  
Dublin 4  
Freefone Helpline:  
1 800 200 700  
Email: helpline@irishcancer.ie

Reach to Recovery  
43/45 Northumberland Road  
Dublin 4  
Freefone Helpline:  
1800 30 90 40

VHI Healthcare  
(All correspondence should be sent to the postal address in Kilkenny)  
IDA Business Park  
Dublin Road, Kilkenny  
CallSave: 1850 44 44 44  
Monday to Friday, 8 a.m. to 6 p.m.  
Saturday, 9 a.m. to 3 p.m.  
Web: www.vhi.ie

Quinn Healthcare  
Mill House,  
Fermoy, Co. Cork,  
Lo Call: 1890 89 1890  
Monday to Friday, 8 a.m. to 7 p.m.  
Saturday, 10 a.m. to 3.30 p.m.  
Web: www.quinn-healthcare.com

Hibernian Aviva Healthcare  
Postal Address:  
PO Box 764, Togher, Cork.  
Head Office:  
One Park Place, Hatch Street,  
Dublin 2  
CallSave: 1850 717 717  
Monday to Friday, 8 a.m. to 8 p.m.  
Web: www.hibernian.ie

USEFUL WEBSITES

Irish Cancer Society  
www.cancer.ie  
Breast Cancer Care UK  
www.breastcancercare.org.uk  
American Cancer Society  
www.cancer.org  
The Susan G. Komen Foundation  
www.komen.org  
Europa Donna  
www.cancereurope.org/europadonna

ABC – ACTION BREAST CANCER

Action Breast Cancer, a programme of the Irish Cancer Society, is the leading provider of breast cancer information and support in Ireland. Each year we reach over 25,000 women who are concerned about breast cancer or breast health. Our services are free and include:

• National Breast Cancer Helpline 1800 30 90 40 – staffed by specialist cancer nurses.
• Patient care programmes – providing emotional support and practical assistance for those living with breast cancer.
• Health Promotion – providing community and workplace programmes on breast awareness and leading a healthy lifestyle.
• Advocacy – providing a voice for those affected by breast cancer in Ireland.
• Professional support – complementing the services offered by those caring for breast cancer patients.
• Research – funding vital Irish research that will have a significant impact on the diagnosis and treatment of breast cancer.

ABC is funded entirely by donations from the public. If you would like to support our work or make a donation please contact us.

Freefone Helpline  
1800 30 90 40