

# Ductal carcinoma in situ (DCIS)

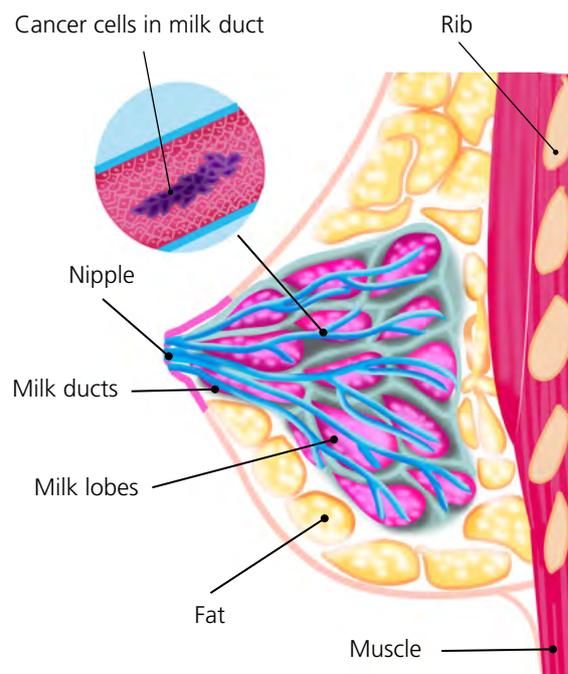
This factsheet gives information on an early form of breast cancer called ductal carcinoma in situ (DCIS). It explains how your breast is made up, what DCIS is and how it is treated. For more information, talk to your doctor or nurse. You can also call our **Cancer Nurseline** on Freephone **1800 200 700**, visit a Daffodil Centre or go to **www.cancer.ie**.

## Inside your breasts

Your breasts are made up of ducts, and lobules or glands. These lobules or glands make milk for breast feeding. The ducts are tiny tubes that carry milk to your nipple. If the tiny cells that line the walls of the milk ducts change and become abnormal, this can lead to DCIS.

## What is DCIS?

DCIS is a very early form of breast cancer. DCIS itself is not life-threatening but you will usually need treatment with surgery. With DCIS the cancer cells are in the milk ducts of the breast and have not spread to the outside breast tissue. DCIS is also called a non-invasive or intraductal cancer. Both women and men can get DCIS but it is very rare in men.



With DCIS the cancer cells are only in the milk ducts. This means it has a very good prognosis (outlook).

### What are the symptoms of DCIS?

Most people with DCIS have no symptoms at all. You may have a lump, a thickening of tissue, or a discharge from the nipple.

### How is DCIS diagnosed?

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 areas of breast tissue containing microcalcifications turn out to be DCIS. To check if it is DCIS, a biopsy (removal of a piece of breast tissue) will be taken using a needle. A mammogram or an ultrasound scan may be used to help guide the needle to the right place inside your breast to take a sample.

After the biopsy your breast may be bruised or feel sore. Ask your nurse about painkillers to help with this.

The breast tissue removed during the biopsy will be looked at under a microscope by a special doctor called a pathologist. If your biopsy shows that you have DCIS, you will be referred for treatment.

### Are there different types of DCIS?

There are a number of different types of DCIS. They can be divided into high-grade, 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. This means that they can spread to other parts of your body. It is thought that low-grade DCIS is less likely to become an invasive cancer than high-grade DCIS.

Having a diagnosis of DCIS means you have a slightly higher risk of getting cancer in the same breast or in your other breast. As a result, you will have yearly screening mammograms after your treatment.

### What treatment will I be offered?

The aim of treatment for DCIS is to remove the early cancer cells, to avoid them developing into an invasive cancer. This means a cancer that spreads beyond the milk ducts.

You will be advised on the best treatment for you after your test results have been discussed by a team of doctors, nurses and other health professionals (multi-disciplinary team).

Surgery is the main treatment for DCIS.

You may be offered a different treatment as part of a clinical trial.

#### Surgery

Surgery means that some or all of your breast will be removed. How much of your breast is removed will depend on how much of your breast is affected by DCIS.

There are two main options:

- Removing a piece of the breast containing the DCIS (wide local excision)
- Removing the whole breast (mastectomy)

#### • Wide local excision (lumpectomy)

Your surgeon removes the area of DCIS and an area of normal tissue around it.

#### • Wire-guided localisation

Before your surgery you may have a fine wire placed into the area of microcalcification in your breast. This is called wire-guided localisation. A radiologist (specialist in reading X-rays and scans) uses a mammogram or scan to put the wire in the right place.

This helps your surgeon pinpoint the exact area to be removed during surgery.

#### • Mastectomy

This is the removal of your whole breast. This may be done if the DCIS is in a number of different parts of your breast, or covers a very large area.

#### • Sentinel lymph node biopsy

Sometimes a surgeon may decide to remove some lymph nodes from your armpits during surgery, to see if the cancer has spread outside the breast. This is called a sentinel lymph node biopsy (SLNB).

Women who have a mastectomy usually have an SLNB done during the operation. Women having wide local excision surgery may not need an SLNB.

The lymph nodes removed will be examined under a microscope by a pathologist to make sure there are no cancer cells present.

If the cancer has spread, the lymph nodes will contain cancer cells. The sentinel node is the first lymph node to drain fluid from the breast so it is the most likely to contain cancer cells.

Usually there is no cancer in the lymph nodes with a diagnosis of DCIS.

### **After mastectomy**

After a mastectomy you may want to have breast reconstruction surgery. This is surgery to make a new breast shape for you. This may be done at the time of the mastectomy or it can be done later on.

Your surgeon will discuss breast reconstruction with you before your mastectomy, but you don't need to make a decision straight away. For more information on breast reconstruction call our Cancer Nurseline on 1800 200 700 or visit a Daffodil Centre. You can also ask for a copy of our booklet, Understanding Breast Reconstruction.

### **Other treatments after surgery**

Most women have some extra (adjuvant) treatments after surgery to reduce the risk of DCIS coming back or an invasive cancer developing. Treatments after surgery for DCIS include radiotherapy and hormone therapy.

### **Radiotherapy**

Radiotherapy uses high-energy rays to treat cancer.

Radiotherapy is usually given 6-12 weeks after wide local excision surgery, unless the area of DCIS was very small and/or low grade.

Often radiotherapy is given 5 days a week for 5 to 6 weeks after surgery. Each session takes around 15 minutes. You will need to go to hospital for planning sessions before your radiotherapy starts.

### **Hormone therapy**

Some breast cancers grow with the help of the hormone oestrogen. These are called oestrogen-receptor positive cancers.

Hormonal therapies can reduce the level of oestrogen in the body, or prevent it from attaching to the cancer cells.

If your DCIS is oestrogen-receptor positive (ER-positive), your doctor may talk to you about treatment with hormonal therapy.

For more information and booklets on radiotherapy and hormone therapy, including possible side-effects, please call our Cancer Nurseline on 1800 200 700, drop into a Daffodil Centre or see our website [www.cancer.ie](http://www.cancer.ie)

### **Coping with DCIS**

Although DCIS is a very early and treatable form of breast cancer, it can still be hard to hear that you have cancer. You may feel a range of emotions. Fear, shock, sadness and anger are all common feelings at this time.

Try to let other people know how you are feeling, particularly your family and friends, so that they can support you. It can also help to discuss your feelings or worries with your breast care nurse or specialist.

Remember that there are people who can support you so do not be afraid to ask for help.

If you need help or advice about how to cope or where to get support see the back page of this factsheet.

### **Get support**

Here are some ways to get support from someone in a similar situation:

- **Join a self-help or support group** where you can talk to other people who are in a similar situation and facing the same challenges.
- **Get one-to-one support** from someone who has been through a cancer diagnosis through our Survivor Support programme.
- **Get online support** on our website by joining our Online Community. You can ask questions, share experiences, and give and receive advice and support.



**Hints  
& tips**

## Where can I get more support?

### **Cancer Nurseline Freephone 1800 200 700.**

Call and speak to one of our cancer nurses for confidential advice, support and information. The Cancer Nurseline is open Monday to Thursday 9 am - 6 pm and Friday 9 am - 5 pm. You can also email us on [cancernurseline@irishcancer.ie](mailto:cancernurseline@irishcancer.ie) or visit our Online Community at [www.cancer.ie](http://www.cancer.ie)

Our **Daffodil Centres** are located in thirteen hospitals nationwide. The centres are staffed by cancer nurses and trained volunteers who provide confidential advice, support and information to anyone concerned about or affected by cancer.

Our **Survivor Support**. Speak to someone who has been through a cancer diagnosis. Our trained volunteers are available to provide emotional and practical support to anyone going through or finished with their treatment.

**Support in your area.** We work with cancer support groups and centres across the country to ensure cancer patients have access to confidential support including counselling.



For more information on DCIS or for confidential advice from our cancer nurse specialists, call our **Cancer Nurseline on Freephone**

# 1800 200 700

(Monday–Thursday, 9am–6pm, Friday 9am–5pm) or email [cancernurseline@irishcancer.ie](mailto:cancernurseline@irishcancer.ie)  
Web: [www.cancer.ie](http://www.cancer.ie)



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