

Decreasing Recurrence Rates for Ductal Carcinoma In Situ: Analysis of 2996 Women Treated with Breast-Conserving Surgery Over 30 Years

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This study showed that recurrence rates have significantly fallen over the decades for women with DCIS treated with breast-conserving surgery. The 4 large randomized controlled trials (RCTs) of radiation for women with DCIS all began between 1985 and 1990, suggesting that the recurrence rates found in those studies are higher than what would be expected in the current era. Those studies are often used to help women and clinicians estimate risk of subsequent recurrence in the same breast over time. This new study suggests that recurrence rates for women with DCIS treated with breast-conserving surgery currently should be lower than in the 4 RCTs ; this is especially relevant given the increasing rates of unilateral and even bilateral mastectomy for DCIS.

The key points are:

- a) Recurrence rates have fallen over the years, by about 40% between the early period (1978-1998) and the later period (1999-2010).
- b) The decrease in recurrence rates is only partly explained by factors such as increase in screen-detected DCIS, decrease in positive/close margins, and more frequent use of radiation and endocrine therapy (ie, tamoxifen).
- c) The improvement in recurrence rates is mostly due to a decrease in recurrence rates for women NOT undergoing radiation (even though women having radiation continue to have a lower recurrence rate than those not having radiation)
- d) This last point is important because since radiation is given only to reduce local recurrence rates and has never been shown to improve survival (survival is excellent with all treatments). So a woman treated currently with breast conservation without radiation can expect an approximately 40% lower recurrence rate than in the earlier decades.