

# DCIS Score quantifies risk of ipsilateral breast event

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The ductal carcinoma in situ (DCIS) Score quantifies the risk of ipsilateral breast event (IBE) and invasive IBE risk, complements both traditional clinical and pathologic factors, and helps provide a new clinical tool to improve the process of selecting individualized treatment for women with DCIS who meet the criteria, according to a study published May 2 in the *Journal of the National Cancer Institute*.

Most women with newly diagnosed cases of DCIS are eligible for breast conservation surgery, either with [radiation treatment](#) or without. The risk of developing IBE after surgical excision without radiation has not been well defined by clinical and pathological characteristics for women with DCIS.

In order to determine the risk of developing IBE after surgical expression without radiation for women with DCIS, Lawrence J. Solin, M.D., of the Department of [Radiation Oncology](#) at the Albert Einstein Medical Center in Philadelphia and colleagues looked at the Oncotype DX [breast cancer](#) assay which was used for patients with DCIS, treated with surgical excision without radiation in the Eastern Cooperative Oncology Group (ECOG) E5194 study, and looked at the association between the DCIS Score and the risk of developing IBE.

The researchers found that the continuous DCIS Score was statistically significantly associated with the risk of developing IBE. "The DCIS Score predicts the risks of local recurrence and invasive local recurrence and provides information that complements traditional clinical and

pathologic factors for this study population of women with DCIS treated with surgical excision without radiation."

In an accompanying editorial, Christine D. Berg, M.D., formerly of the National Cancer Institute, writes that the assay does appear to be a step forward, but there were limitations, including that it was tested in a selected subset of patients. "The clinical applicability of this assay for all women who present with DCIS remains to be determined as the research was done on a highly selected patient group."

In another editorial, Thomas B. Julian, M.D., of Allegheny General Hospital in Pittsburgh, writes that the study and team should be applauded for efforts in introducing the DCIS score with an attempt to validate risk recurrence in patients with DCIS using tumor genetic profiling. "The DCIS Score should complement traditional clinical and pathologic factors used to guide decision making in the treatment of DCIS."

Provided by Journal of the National Cancer Institute

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