

Reoperation risk for nonpalpable breast lesions higher for DCIS

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(HealthDay)—For women undergoing wire-guided breast conserving

surgery (BCS) for nonpalpable breast lesions, the risk of reoperation is higher for those with ductal carcinoma in situ (DCIS) than those with invasive breast cancer (IBC), according to a study published online Dec. 21 in *JAMA Surgery*.

Linnea Langhans, M.D., from the University of Copenhagen in Denmark, and colleagues examined the [reoperation](#) rate after wire-guided BCS in a nationwide study involving women with histologically verified nonpalpable IBC or DCIS. Wire-guided BCS was performed in 4,118 women.

The researchers found that 17.6 percent of the women underwent reoperation: 14.4 percent were reexcisions and 3.2 percent were mastectomies. Reoperation was performed for significantly more [patients](#) with DCIS than IBC (37.3 versus 13.4 percent; adjusted odds ratio, 3.82; P ductal carcinoma had significantly increased risk of reoperation (adjusted odds ratio, 1.44; P = 0.02). A subsequent completion mastectomy was performed in 4.9 percent of patients, with no difference in the type of reoperation for those with DCIS and IBC.

"A lower reoperation rate after wire-guided BCS was found in this study than those shown in previous studies," the authors write.

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