

Delay of surgery for DCIS ups risk for invasive breast cancer

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(HealthDay)—For each month of delay between diagnosis and surgery

for ductal carcinoma in situ (DCIS), there is slightly worse survival and an increase in risk for invasive disease, according to a study published online Sept. 27 in the *Annals of Surgical Oncology*.

William H. Ward, M.D., from Naval Medical Center in Portsmouth, Virginia, and colleagues used the National Cancer Database to identify women with a clinical diagnosis of DCIS between 2004 and 2014. Differences in [overall survival](#) (OS) and presence of invasion were compared for five intervals between diagnosis and surgery (≤ 30 , 31 to 60, 61 to 90, 91 to 120, and 121 to 365 days).

The researchers identified 140,615 clinical DCIS patients, of whom 123,947 had pathologic diagnosis of DCIS and 16,668 had invasive [ductal carcinoma](#). Overall, five-year OS was 95.8 percent, and unadjusted median delay from diagnosis to surgery was 38 days. There was a 7.4 percent increased relative risk for death for each interval increase in delay (hazard ratio, 1.07). A longer delay to surgery was an independent predictor of invasion (odds ratio, 1.13).

"Since observation represents infinite [delay](#), it suggests that observation should not yet be pursued outside of a clinical trial in patients who will tolerate excision," a coauthor said in a statement.

More information: [Abstract/Full Text](#)

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