

Radiotherapy for ductal in situ carcinoma ups mortality risk in invasive second breast cancer

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(HealthDay)—For women with primary ductal carcinoma in situ (DCIS), use of radiotherapy (RT) is associated with increased rates of breast cancer-specific mortality for those women who subsequently develop an invasive second breast cancer (SBC), according to a study published in the November issue of the *Journal of the National Comprehensive Cancer Network*.

Using the Surveillance, Epidemiology, and End Results database, Puyao C. Li, M.D., from Brigham and Women's Hospital in Boston, and colleagues identified 3,407 [patients](#) who received breast-conserving therapy with or without RT for primary DCIS in 2000 through 2013 and subsequently developed a stage I to III invasive SBC.

The researchers found that even after controlling for cancer stage, prior RT was associated with higher rates of breast [cancer](#)-specific mortality (hazard ratio, 1.70; 95 percent confidence interval, 1.18 to 2.45; $P = 0.005$). The risk trended higher in patients with ipsilateral versus contralateral SBC (hazard ratio, 2.07 versus 1.26; $P = 0.16$). Patients with ipsilateral SBC were younger and more often lacked estrogen receptor expression compared with patients who developed contralateral SBC.

"These findings may have implications for [treatment decision](#)-making in DCIS and after development of SBC, and highlight the value of a careful discussion with patients before treatment," the authors write.

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

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