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Letter to the Editor

Kimberly J. Van Zee, MD¹, Andrea V. Barrio, MD¹, and Julia Tchou, MD² For The Society of Surgical Oncology Breast Disease Site Work Group

¹Breast Service, Department of Surgery, Memorial Sloan Kettering Cancer Center, New York, NY

²Division of Endocrine and Oncologic Surgery, Rena Rowan Breast Center, Abramson Cancer Center, Perelman School of Medicine, University of Pennsylvania, Philadelphia, PA

Editors

The recent article by Narod¹ and editorial by Esserman², have received much attention in the press, often with contradictory interpretations. This has caused much confusion in the public and even among medical professionals.

Important points regarding the Narod article are: (1) it is a retrospective report of outcomes for women *treated* for DCIS with treatment prescribed for their particular situation; *anyone untreated was excluded*, and (2) women did well with only 3.3% 20-year breast cancer-specific mortality (BCSM) (only 1.7% BCSM if those with contralateral breast cancer are excluded [eTable 5]), with no difference in the 10-year BCSM between women that received mastectomy, lumpectomy, and lumpectomy with radiation .

Some have concluded that this study shows that all treatments are equal. However, given the study's retrospective nature with inherent selection bias, this conclusion cannot be made. Only prospective randomized trials can objectively compare effectiveness of different treatments. Fortunately, there are 4 randomized trials evaluating role of radiation after lumpectomy for DCIS and all have shown an approximate halving of in-breast recurrence, and no difference in survival. Ten-year BCSM in the overview of these trials was ~4% with or without radiation.³ There have been no randomized studies comparing mastectomy to lumpectomy for DCIS.

Some have concluded that the study supports the idea that no treatment for DCIS is necessary. However, this conclusion is unsupported since *outcomes of untreated women were not included in the study*. A long-term observational study of women undergoing excisional breast biopsy containing low-grade DCIS, but with a missed diagnosis, show ~40% developed ipsilateral breast carcinoma and ~18% BCSM.⁴

In his article, Narod states, “The finding of greatest clinical importance was that prevention of ipsilateral invasive recurrence did not prevent death from breast cancer.” We would interpret the data differently; appropriate treatment prevented ipsilateral invasive recurrence

in most women, so that only 1.7% experienced BCSM at 20 years. Despite careful histologic analysis, small areas of invasive cancer can be missed in DCIS lesions. It is likely that the 517 (<0.5%) women who died from breast cancer without a diagnosis of invasive in-breast recurrence had undetected invasion.

We agree with the authors that the goal is to identify those with DCIS who will develop invasive cancer or even distant metastases to allow the most individualized and appropriate treatment. While we are not there yet, ongoing and future studies will continue to get us closer to this goal.

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