

Breast conserving surgery (BCS) in the management of Ductal Carcinoma in situ (DCIS): reoperation rates and safety margins

Vázquez Sarandeses, A. Hernández Ontoria, M, Aragón, S. Sanz, C. Muñoz, I. Arroyo, ML. García Chapinal, B.

INTRODUCTION

To evaluate the results of SLNB for patients with DCIS.

We retrospectively analyzed the results of 172 patients diagnosed by vacuum assisted biopsy (VAB) or fine-needle aspiration biopsy (FNAB) of DCIS between 2011 and 2017.

We consider free margin $\geq 2\text{mm}$.

CHARACTERISTICS

Age (mean-years) 59,2

83,7% mammographic finding
16,3% palpable lesión

Anatomopathological findings after surgery

- . 66,3% (65/98) DCIS
- . 24,5% (24/98) infiltrating ductal carcinoma (IDC)
- . 5 cases of benignity
- . 4 cases without Residual tumor

Diagnostic understimation 25%

BCS was performed in 57% (98/172) patients.

SURGICAL RESULTS

BORDER

- 72% (67/93) Free border
- 11,8% (11/93) free border $< 2\text{mm}$
- 12,9% (12/93) affected border
- 5,4% (5/93) focally affected

RE EXCISION

- Re- excision rate 20% (19/93)
- 78,9% (15/19) Negative
- 21,1% (4/19) Positive (DCIS)

LYMPH NODES

- 43,9% (43/98) SLNB
- 42 NEGATIVE
- 1 Case of Nmic

TREATMENT AND FOLLOW-UP

Adjuvant radiotherapy
92,9% (91/98)

+ Hormone therapy
78,6% (77/98)

71,4% (70/98) absence of recurrence

28,6% (28/98) follow-up $< 1\text{year}$

CONCLUSION

- Re-excision must be **individualized** according to: life expectancy, DCIS extension, margin proximity, residual calcifications or cosmetic impact, **given the good long term rates of local control** compare to the consequences: increase in surgical complications, stress, cosmetic compromise or greater risk of mastectomy .
- We must **become more aware of the possible overtreatment** of entities with a good prognosis, such as the DCIS, without forgetting the importance of a precise pre-surgical diagnosis.