The extent of microinvasion in DCIS is not associated with axillary status and long-term outcomes

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Even though DCIS patients with multiple foci of microinvasion tended to have larger tumor size, there was no higher risk of axillary involvement or worse prognosis compared with patients with one focus. Thus, DCIS patients with multiple foci of microinvasion should not be the criterion for more aggressive local-regional treatment.

Introduction
Ductal carcinoma in situ with microinvasion (DCISM) was defined as one or more foci of invasion beyond the basement membrane within 1mm.

Methods
This study identified 386 patients with DCISM who had undergone axillary evaluation at Fudan University Shanghai Cancer Center (FUSCC) from January 2006 to December 2013.

Results
Of 386 patients, 260 (67.36%) had one focus of microinvasion and 126 (32.64%) had multiple foci. Isolated tumor cells were found in 4 (1.04%) patients and axillary metastasis rate was 2.59%. Neither axillary evaluation methods (P=0.995) nor axillary metastasis rates (2.31% vs 3.17%, P=0.615) were significantly different between patients with one focus and multiple foci.

Patients with multiple foci of microinvasion were more likely to receive chemotherapy (56.35% vs 40.77%, P=0.004).

At median 35.5 months follow-up, the relapse-free survival rates were similar in these two groups (98.35% in one focus group vs 96.75% in multiple foci group, P=0.1771).

We will continue follow-up in these patients, and keep adding patients with DCIS and DCISM. Also, we will further analyze the possible role of chemotherapy in relapse-free survival.