



- [Immune Recovery And Wellness – www.ImmuneClinic.com](http://www.ImmuneClinic.com)
- [More Clinical Research – www.ImmuneClinic.com/research](http://www.ImmuneClinic.com/research)

## Breast Cancer - Metastasis Are Rare in Pure Ductal Carcinoma

By M.S.W., ZoeMed, Inc.

Posted 03/27/2003; Copyright © 2003 All rights Reserved

Occult metastases are rare in patients with pure ductal carcinoma in situ of the breast, so sentinel lymph node biopsy may not be required if the tumor is completely excised and margins are free of invasion.

Dr. Mattia Intra, of the European Institute of Oncology, led the team that evaluated 223 women with pure ductal carcinoma in situ (DCIS), none of which showed any signs of microinvasion. They all had complete axillary dissection, except for one woman with evidence of metastasis on sentinel lymph node biopsy; that subject underwent a mastectomy.

Sentinel lymph node metastases were identified in seven patients, which were micrometastatic in five. The sentinel lymph node was the only positive node in the six patients treated with complete axillary dissection. Researchers found no links with tumor size, grade, histological characteristics, receptor status or presence of comedo necrosis.

"We believe that any women with DCIS should be informed of this small risk and of the easy procedure to perform a biopsy of the axillary sentinel lymph node," Dr. Intra's team reported. But if DCIS is pure, the lesion is completely excised, and margins of resection are free of invasion, "an sentinel lymph node biopsy could be avoided."

They also suggested, though, that sentinel lymph node biopsy should be considered for patients with DCIS who undergo mastectomy if definitive histological features suggest possible invasion. If the sentinel lymph node is micrometastatic, complete dissection may not always be necessary.