



Predictive value of minimally invasive biopsies and sentinel node biopsy positivity in ductal carcinoma *in situ*

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Intoduction

- Ductal carcinoma *in situ* (DCIS) is characterized by proliferation of ductal epithelium without invasion through the basement membrane.
- With the increasing use of mammography, there has been a marked increase in the detection of DCIS.
- Silverstein et al reported less positive than 1% in patients suffering from DCIS who underwent axillary dissection.
- However, the axillary evaluation remains a routine in some hospitals.



Objective

- The main objective of the study was to analyze, retrospectively, the positivity of sentinel node biopsy (SNB) in patients with DCIS and the predictive value of minimally invasive biopsies.



Methodology

- We review patient's medical records with DCIS in outpatient Mastology of Federal University of São Paulo between 2009 and 2013.
- SNB was performed when mastectomy is planned or when there was “high risk” for invasion:
 - physical examination or imaging shows a mass lesion highly suggestive of invasive cancer
 - when the area of DCIS by imaging is larger than 4 cm
 - high nuclear grade



Results

- 129 patients were carriers of DCIS and 69 were subjected to SNB.
- The mean age was 57.2 years old.
- 71.2% of patients were postmenopausal women.
- Microcalcifications alone was the primary lesion in 72%.



Results

- The core biopsy was performed in 68.8% of cases.
- Underestimation was seen in 22.3%
 - 52.3% DCI
 - 33.3% microinvasive carcinoma
 - 9.4% invasive papillary carcinoma
 - 4.7% invasive lobular carcinoma



Results

- The sentinel node was negative in 95.7%.
- In all cases of SN positive (4.3%):
 - The index lesion was nodular
 - solid histological pattern of DCIS
 - The surgery was mastectomy



Conclusion

- Women with a minimally invasive biopsy showing DCIS who are being treated with BCS, there is no evidence to support performing SNB.
- This technique should be discouraged due to its low positivity and high rates of complications.