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The Scoring System

Introduced in 1996, researchers at the University of Southern California designed the Van Nuys Prognostic Index to aid in treatment decisions for women diagnosed with ductal carcinoma in situ. The original design combined DCIS size, margin width and pathologic classification, but in 2003, the patient's age at diagnosis was added after it proved to be an independent prognostic factor.

Patients who are least likely to recur after recommended treatment have a score of 4, while patients most likely to recur receive a score of 12. Research has not yet been done to directly compare outcomes after mastectomy with those after lumpectomy for DCIS, but various studies show a clear reduction in local recurrence rates when comparing mastectomy with breast-conserving surgery. The lack of a significant survival difference when comparing those studies has led to fewer mastectomies.

[View Chart: Treatment Guidelines by Score](#)

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