

# Ductal carcinoma in situ: Is it cancer?

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The argument rages on about whether ductal carcinoma in situ (referred to here as "breast cancer light") should be treated as breast cancer when, some researchers argue, no one agrees on whether it will become bad breast cancer if left alone. First, a visual to help you see what we are talking about.

If you imagine the inside of the breasts to be like broccoli, the flowering part would be the lobules that hold milk to feed a baby, while the stalks are the ducts that carry the milk to the lobules. Cancer cells can be found in the ducts and in the lobules, but the most common location is the ducts. When the cancer is contained inside the ducts, it is called ductal carcinoma in situ (DCIS). When it has broken through the walls of the ducts into the surrounding tissue and blood supply, it is called invasive ductal carcinoma.

The invasive kind is what can kill us as it moves from the breast through the lymph system to vital organs, such as the lungs, bones, or brain, where it can set up shop and eventually takes over the organ. In situ breast cancer, if detected by one of a number of methods, is not deadly until it becomes invasive, which is the rub here because some folks say that it may never become invasive.

Before I state my case in this argument and because I believe in full disclosure, I have to say that I am definitely not your casual bystander in this discussion, having had both the big C and the little c in my cancer journey. My first diagnosis of breast cancer in 1986 at age 37 was clearly invasive, and surgery revealed I had one malignant lymph node under my arm, meaning the cancer had already left the breast and was romping elsewhere in my bloodstream. What followed was four months of chemotherapy followed by years of terror that it would come back.

Then in 2007, my annual mammogram on my remaining breast showed some calcifications, a fancy name for spots of dead cells, that in some instances indicated cancer. That biopsy came back DCIS in more than one spot in my breast.

Some friends found it strange that I was hoping for a clearly malignant pathology report, because I had already decided that if the report was benign I was going to fight to have the breast removed. There was one spot they couldn't biopsy and, well, I don't mess around with the word carcinoma in my life.

Which brings us to the latest comment from a panel of researchers about DCIS. The panel was convened to discuss DCIS and their recommendation was for better ways to determine if and when in situ will become invasive.

Of course, as they often do, the writer didn't lead with this information, but instead began with the group recommending removing the word carcinoma since, technically speaking, DCIS is precancerous. And, said the researchers, the word is too SCARY.

I guess my 23-year history with breast cancer has skewed my perspective a little but I thought our goal with breast cancer was to keep women acutely aware that cancer can kill you. Perhaps it's all those funerals I have attended that have brought me to the conclusion that we need to err on the side of caution when it comes to anything remotely connected to breast cancer.

But, as often happens, the detail that says it all was in the last line of this news piece.

"More than 400,000 women in the world die from breast cancer each year."

Maybe they should start each piece about breast cancer with that statistic, unless they think it's too scary.