# Delay of surgery for DCIS ups risk for invasive breast cancer

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(HealthDay)—For each month of delay between diagnosis and surgery for ductal carcinoma in situ (DCIS), there is slightly worse survival and an increase in risk for invasive disease, according to a study published online Sept. 27 in the *Annals of Surgical Oncology*.

William H. Ward, M.D., from Naval Medical Center in Portsmouth, Virginia, and colleagues used the National Cancer Database to identify women with a clinical diagnosis of DCIS between 2004 and 2014. Differences in overall survival (OS) and presence of invasion were compared for five intervals between diagnosis and surgery (?30, 31 to 60, 61 to 90, 91 to 120, and 121 to 365 days).

The researchers identified 140,615 clinical DCIS patients, of whom 123,947 had pathologic diagnosis of DCIS and 16,668 had invasive ductal carcinoma. Overall, five-year OS was 95.8 percent, and unadjusted median delay from diagnosis to surgery was 38 days. There was a 7.4 percent increased relative risk for death for each interval increase in delay (hazard ratio, 1.07). A longer delay to surgery was an independent predictor of invasion (odds ratio, 1.13).

"Since observation represents infinite delay, it suggests that observation should not yet be pursued outside of a clinical trial in patients who will tolerate excision," a coauthor said in a statement.

**More information:** Abstract/Full Text