Not appropriate to offer a sentinel node biopsy to patients diagnosed with DCIS (ductal carcinoma in situ) having breast conserving surgery, unless clinically indicated.

Context

DCIS (ductal carcinoma in situ) is a non-invasive breast cancer where the abnormal cells are contained within the milk ducts of the breast. In 2016, it is estimated that there will be approximately 2,090 new cases of DCIS in Australia.

Evidence from several studies has shown that the risk of someone diagnosed with DCIS having spread of their disease to other parts of the breast or other parts of the body, is very low. This means that for most patients diagnosed with DCIS, procedures aimed at determining if breast cancer has spread beyond the breast, such as sentinel node biopsy, are unnecessary.

International guidelines recommend that patients with DCIS having breast conserving surgery should only undergo a sentinel node biopsy if they are considered to have a high risk of invasive disease. Clinical indications of high risk include high grade DCIS, extensive disease, or a palpable mass.

Value to patients

Unnecessary invasive procedures, such as sentinel node biopsy can lead to harm through over-treatment, risk of post-surgical complications, side effects and unnecessary anxiety.

Supporting evidence


Source URL: https://thestatement.canceraustralia.gov.au/the-practices/practice-10

Links