

This experience translated to a 10-year ipsilateral local recurrence rate of 24% following conservative surgery, with a median 4.4-year delay between surgery and diagnosis of recurrent disease.

Among the 11% of patients with LCIS treated via conservative surgery plus radiotherapy, the ipsilateral local recurrence rate was 5.4% during a median 12.4 years of follow-up. Mastectomy-treated patients had no ipsilateral local recurrences. The contralateral breast cancer rate was 7.8% in patients treated with breast-conserving surgery, 5% in those who got surgery plus radiation, and 10% following mastectomy.

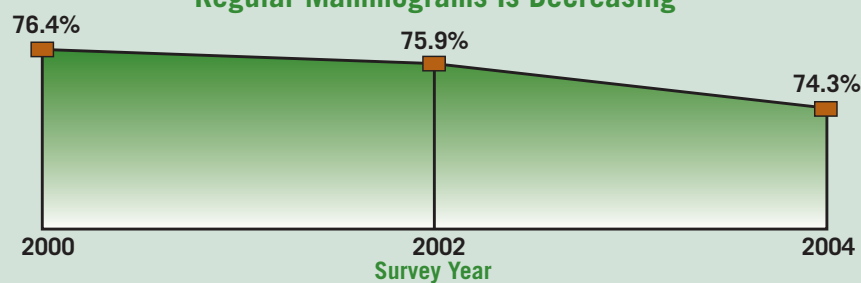
This was not a randomized trial. At pre-

sent no well-defined criteria exist as to which LCIS subtypes are more aggressive and thus likely to benefit from radiotherapy. But the current thinking is that the subtypes most prone to local recurrence include extensive LCIS with more than 10 involved lobules, LCIS with necrosis, pleomorphic tumors, and lesions containing cells with large nuclei, Dr. Cutuli said.

He added that his own favorable experience with breast-conserving surgery and whole-breast radiotherapy in 25 LCIS patients—there was only a single local recurrence in 12 years of follow-up—has convinced him this is a therapeutic approach worth testing in randomized trials. ■

DATA WATCH

Percentage of Women Aged ≥40 Years Having Regular Mammograms Is Decreasing



Note: Based on data from the Behavioral Risk Factor Surveillance System, 2000-2004. Source: Centers for Disease Control and Prevention

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