

LEARNING OBJECTIVES

10-4-22

PERFORMANCE GAP/ ACTIVITY NEED: Carcinoma in situ of the breast represents a heterogeneous group of neoplastic lesions confined to the breast ducts (ductal carcinoma in situ [DCIS]). The diagnosis of DCIS increased dramatically following the introduction of screening mammography and now comprises approximately 25 percent of all newly diagnosed breast cancers. The goal of therapy for DCIS is to prevent the development of invasive breast cancer. Therapeutic approaches include surgery, radiation therapy, and adjuvant endocrine therapy [Source: UpToDate]. In this presentation, DCIS and LCIS (lobular carcinoma in situ) will be discussed along with recommendations for diagnosis and treatment options for ductal carcinoma in situ and review of current additional molecular testing and clinical trials. This information may help physicians to understand the continued evolution of DCIS treatment and to better aid in counseling patients--“more is not always better”. [CF, personal communication, 9/30/22].

DESIRED OUTCOMES: At the end of the activity, attendees will be able to:

- determine what DCIS is on the breast cancer spectrum, how it is diagnosed with the best imaging modalities, and why screening mammogram is so important
- evaluate the basic differences in surgical and radiation options for treatment.
- describe what’s on the horizon for the treatment of DCIS.

LEARNERS: surgeons, medical/radiation oncologists, geneticists, OBGYN, internists, general/family practitioners, radiologists, pathologists, pharmacists, research

DESIRABLE PHYSICIAN ATTRIBUTE: provide patient centered care, work in multidisciplinary teams

CULTURAL/LINGUISTIC DIVERSITY/IMPLICIT BIAS (AB241) Reflect on the patient populations most affected and consider how implicit bias may impact appropriate care of these patients. There are preconceived beliefs and genetic differences in risk for DCIS. Understanding patient and family preferences and allowing for education is crucial for the best outcomes.