DUCTAL CARCINOMA IN-SITU [DCIS] PATHWAY

Name:	СНІ:
Core Biopsy Result: Ductal Carcinoma In-situ	Grade ∸
Magseed to be inserted: Yes No	Date:
Referral to: Improving the Cancer Journey Live Active - Inverce	lyde Leisure The Cancer Support Worker Service
Type of Breast Surgery:	
17pc of bleast ourgery.	
An appointment to attend the clinic, approximately you. At this appointment we will discuss the results	
further treatment that you may need.	
Final Pathology Result: Ductal Carcinoma In-situ	Size - Grade –
Is a re-excision required? Yes No	
Is there invasive carcinoma present? Yes	No L
Potential Other Treatments Options: Radiothera	py Yes . No .
Oncology Appointment: Date -	: Time –
Clinic -	, Consultant –

Breast surgical follow up is detailed overleaf.

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Information about your follow up plan after breast surgery

An important part of your care after surgery, is your follow up plan. Recent evidence has shown that your surveillance programme (follow up) should continue for 5 years after your diagnosis. This is described below:

- Your breast clinical nurse specialist (CNS) will contact you or make an appointment with you after you complete most of your treatment.
- Year 1 You will be invited to attend for a mammogram and review at the breast clinic.
- Years 2, 3 & 4 There is no need to attend the breast clinic. Your mammogram and a review of your care will be arranged by the breast team. You will receive a letter with the result no later than 6 weeks afterwards. If you do not receive a letter, please call the breast secretary.
- Year 5 You will be invited to attend for a mammogram and review at the breast clinic.

If you are 50 years of age or more at year 5, you will be discharged from follow up and are eligible to join the NHS Breast Screening Programme. You will be invited for breast screening until you are 71 years of age.

If you are younger than 50 years of age at year 5, you will continue to have annual mammograms until you reach the age of 50. You will then be invited for breast screening until you are 71 years of age.

Most patients who are treated for ductal carcinoma in-situ do very well and have no further problems with their breasts. There is a small minority who may have problems in the future and it has been proven that breast self-examination is the best and most efficient way of identifying changes to the breast. The Breast CNS can demonstrate and provide leaflets on breast self-examination for you, if you wish. If you have concerns regarding your breasts in the future, we advise that you make an appointment with your G.P. who will, if necessary, refer you back into the breast service.

We hope this information is helpful and should you require any further information, please ask a member of your breast team.

Breast Secretaries

RAH + VOL - 0141 314 6172

IRH - 01475 504609