Noninvasive Breast Cancer

Each cellular change of noninvasive breast cancer involves various screening and management recommendations.

1. Ductal hyperplasia: This condition is distinguished as having too many cells, although it produces only a marginal increased risk of breast cancer. There is no specific management other than routine health measures.

2. Atypical ductal hyperplasia: Once the excess cells within the duct become abnormal, it is recommended that women have a clinical breast exam every six to 12 months with annual mammogram. This condition is associated with a higher risk of breast cancer in both breasts.

3. Ductal carcinoma in situ: When malignant cells are contained within the duct, patients may have the choice of lumpectomy with or without radiation, or mastectomy. Chemotherapy may be considered for some patients. Other recommendations may include a follow-up clinical breast exam every six to 12 months and an annual mammogram.

[In some cases, DCIS can progress to invasive breast cancer, where cancer cells spread outside the duct.]