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7 - DUCTAL CARCINOMA IN SITU OF BREAST: CASES ANALYSIS IN AN ACADEMIC HOSPITAL IN THE FEDERAL DISTRICT

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Introduction: Breast cancer is the most common malignant neoplasm in women, after skin cancer, and one of the leading causes of cancer death in women. Diagnosing it as a premalignant lesion or “in situ” becomes challenging in the current conjuncture. Ductal carcinoma in situ (DCIS) is a proliferation of malignant epithelial cells within the breast ducts. These cells have a predilection for the terminal duct lobular unit and are restricted to the basement membrane of the ducts. Through mammographic screening, it is possible to identify DCIS, which is responsible for about 20% of cancers detected by mammography. **Objective:** The aim of this study was to evaluate the clinical, radiological, anatomopathological, and therapeutic aspects of patients with DCIS of the breast treated at an academic hospital in Federal District, Brazil. **Methods:** Retrospective, cross-sectional, descriptive, and observational studies were carried out through the analysis of electronic medical records of cases of patients diagnosed with DCIS, treated at the Hospital Regional da Asa Norte (HRAN) (Brasília/Federal District/Brazil), from March 2014 to March 2020. **Results:** Of the 196 patients surgically treated for breast cancer, only 19 (9.69%) had a diagnosis of DCIS. The mean age was 52.9 years, and the greatest involvement was in the fourth decade, with 28.57% of cases being referred to palpation of a breast lump. Most patients were symptomatic (57.14%). Most mammograms were categorized as BI-RADS IV (47.36%), with clustered microcalcifications being the most frequent finding (42.85%). The concordance rate between preoperative and postoperative biopsies was 61.53%. Most tumors were categorized as luminal B (42.85%) on immunohistochemistry. Only 49.8% of the patients underwent conservative surgery, and the axillary evaluation by sentinel lymph node biopsy (SLNB) was fulfilled in 14.6%. Mastectomy was performed in 50.2% of cases and in this group 94.7%, there was also axillary surgery by SLNB. In 5% had lymph node microinvasion. Half of the analyzed patients underwent radiotherapy after surgery, and 57.14% underwent hormone therapy. **Conclusion:** The low rate of DCIS in the study (9.69%) and the involvement of the disease in women under 50 years of age lead us to question the scope and accessibility of the mammographic screening program in the Brazilian Health Unified System (SUS) users, treated at the HRAN. We still have high rates of mastectomy and axillary surgery in the treatment of DCIS. Axillary dissection should be discouraged and SLNB carried out in specific cases. Knowing women with DCIS is essential to design interventions with the purpose of directing public policies to the population at risk, enabling early diagnosis, and improving the effectiveness of treatment.