

RISK COUNSELING AND MANAGEMENT IN PATIENTS WITH LOBULAR CARCINOMA IN SITU

Jennifer R. Garreau, M.D., Joanne Nelson m.D., Regan Look, Deb Walts, R.N., Diana Mahin CRT, Nathalie Johnson, M.D.
Portland, Oregon

Background: Understanding of lobular carcinoma in situ (LCIS) has evolved since it was first described in 1941 by Foote and Stewart. LCIS once thought to be a premalignant condition, is now a marker for increased risk of developing invasive carcinoma. With knowledge that selective estrogen receptor modulators (SERMs) can reduce risk, counseling in this group has taken on a larger role. We evaluated patient perception of risk, counseling and subsequent management.

Methods: Community cancer registry review of 3,605 cases of breast cancer. Fifty-five (1.5%) with LCIS as their sole diagnosis received a mailed questionnaire.

Results: 40 of the 55 patients responded to the questionnaire for a 73% response rate. Thirty-eight patients (95%) were initially diagnosed between ages 40-59 years. Perception of lifetime risk of invasive cancer was variable with 20% stating a less than 5% lifetime risk and 28% stating a greater than 50% lifetime risk. Surgeons performed the counseling for 30 (77%) of respondents with medical oncologist counseling 12 (31%). Fourteen (35%) were placed on a SERM. Eleven (28%) had bilateral mastectomy. Three had unilateral mastectomy for treatment of LCIS. Screening recommendations were annual mammography (64%), annual professional exam (64%) and monthly self breast exam (75%). Patients followed through with annual mammograms (72%), professional exam (81%) and self exam (56%).

Conclusion: Patient perception of risk for invasive breast cancer after diagnosis of LCIS is widely variable. Patients will follow suggested screening. Surgeons are performing the vast majority of counseling and must stay abreast on current recommendations.