

Terminology used to describe preinvasive breast cancer may affect patients' treatment preferences

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When ductal carcinoma in situ (DCIS, a preinvasive malignancy of the breast) is described as a high-risk condition rather than cancer, more women report that they would opt for nonsurgical treatments, according to a research letter in *JAMA Internal Medicine* by Zehra B. Omer, B.A., of Massachusetts General Hospital—Institute for Technology Assessment, Boston, and colleagues.

A total of 394 healthy women without a history of breast cancer participated in the study and were presented with three scenarios that described a diagnosis of DCIS as noninvasive breast cancer, breast lesion, or [abnormal cells](#). After each scenario, the women chose among three treatment options (surgery, medication, or active surveillance).

Overall, nonsurgical options (medication and active surveillance) were more frequently selected over surgery. When DCIS was described using the term noninvasive cancer, 53 percent (208 of 394) preferred nonsurgical options, whereas 66 percent (258 of 394) preferred nonsurgical options when the term was [breast lesion](#) and 69 percent (270 of 394) preferred nonsurgical options when the term was abnormal cells. Significantly more women changed their preference from a surgical to a nonsurgical option than from a nonsurgical to a surgical option depending on terminology, according to the study results.

"We conclude that the terminology used to describe DCIS has a

significant and important impact on patients' perceptions of treatment alternatives. Health care providers who use 'cancer' to describe DCIS must be particularly assiduous in ensuring that patients understand the important distinctions between DCIS and invasive cancer," the study concludes.

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