Ductal carcinoma in situ is presumably not a metastatic disease: a reply to “Commentary: Wherein the authors attempt to minimize the confusion generated by their study ‘Breast cancer mortality after a diagnosis of ductal carcinoma in situ’ by several commentators who disagree with them and a few who don’t: a qualitative study”

The Editor
Current Oncology
11 September 2017

Ductal carcinoma in situ (dcis) is presumably not a metastatic disease. Missed invasive cancer was proposed as an explanation for the finding of Narod et al. of mortality due to breast cancer after the excision of dcis and without the occurrence of invasive breast cancer in either breast. However, Narod replied that the concept of “missed invasive cancer” was without evidence.

The original authors continue to advocate that their retrospective database study contains data of sufficient quality to suggest that dcis is a metastatic disease. However, the pathology literature provides evidence that invasive cancer has been missed. A missed diagnosis of invasive breast cancer and subsequent reporting as dcis would account for the findings of Narod et al. while concomitantly reflecting the known limitations of tissue sampling for histopathologic analysis.

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CONFLICT OF INTEREST DISCLOSURES
I have read and understood Current Oncology's policy on disclosing conflicts of interest, and I declare that I have none.

REFERENCES
5. Narod SA, Ahmed H, Sopik V. Wherein the authors attempt to minimize the confusion generated by their study “Breast cancer mortality after a diagnosis of ductal carcinoma in situ” by several commentators who disagree with them and a few who don’t: a qualitative study. Curr Oncol 2017;24:e255–60.

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