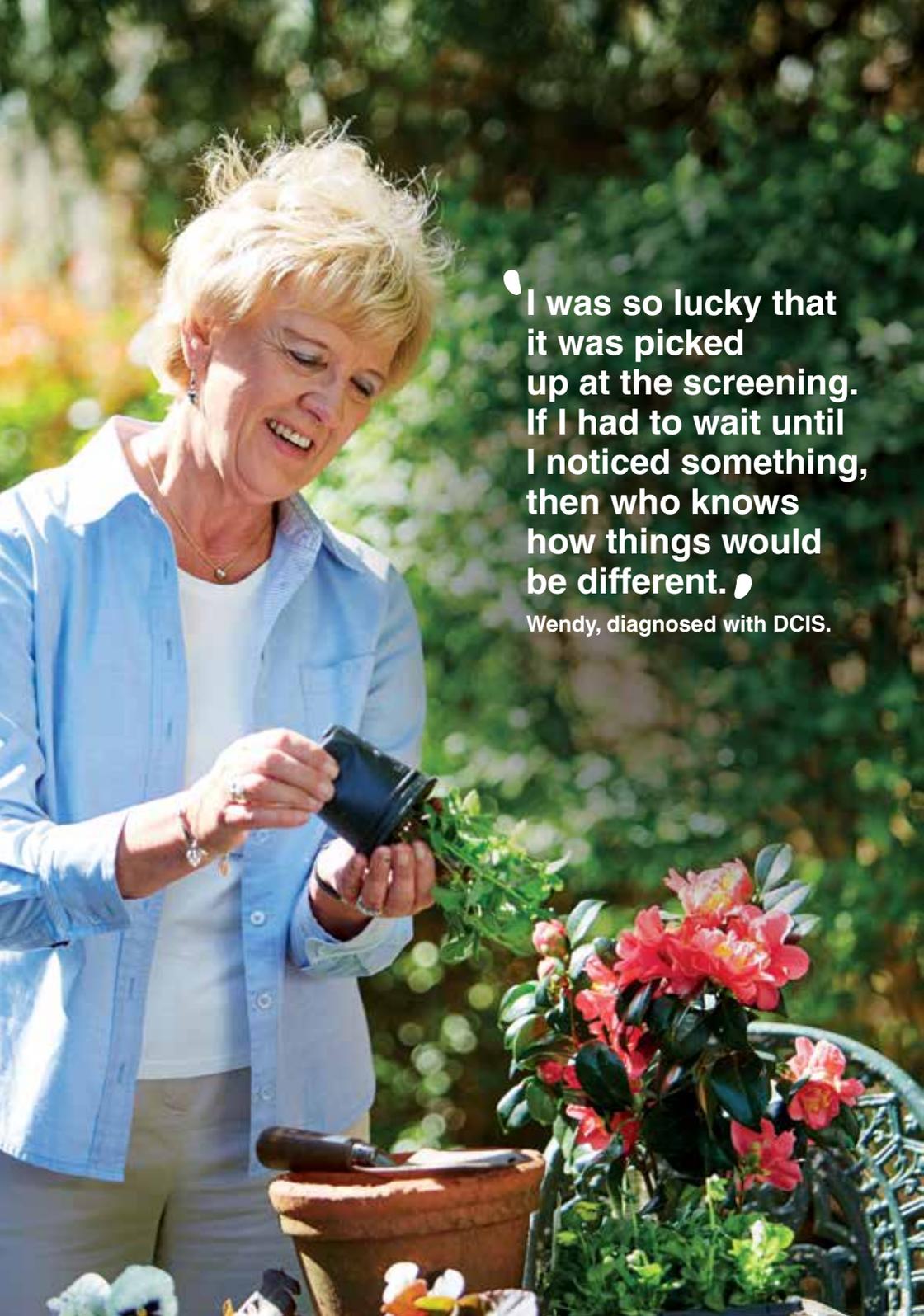


**MACMILLAN**  
CANCER SUPPORT

# UNDERSTANDING DUCTAL CARCINOMA IN SITU (DCIS)





**I was so lucky that it was picked up at the screening. If I had to wait until I noticed something, then who knows how things would be different. 🍷**

**Wendy, diagnosed with DCIS.**

# About this booklet

This booklet is about ductal carcinoma in situ, usually called DCIS for short. DCIS is the earliest possible form of breast cancer.

DCIS is non-invasive. This means the breast cancer cells are contained in the ducts and lobules. They have not spread into surrounding breast tissue.

This booklet is for people who have DCIS. We hope it answers your questions and helps you deal with some of the feelings you may have. We cannot give advice about the best treatment for you. You should talk to your doctor, who knows your medical history.

DCIS can occur in both women and men, but it is very rare in men. We have more information for men in our booklet **Understanding breast cancer in men**. We also have a booklet called **Understanding breast cancer in women**, which is about early and advanced breast cancer in women. See page 96 for ways to order this information.

## How to use this booklet

The booklet is split into sections to help you find what you need. You do not have to read it from start to finish. You can use the contents list on page 3 to help you.

It is fine to skip parts of the booklet. You can always come back to them when you feel ready.

At the end of this booklet, there are details of other organisations that can help (see pages page 101 to page 108).

If you find this booklet helpful, you could pass it on to your family and friends. They may want information to help them support you.

## Quotes

Throughout this booklet, we have included quotes from people affected by cancer. Some are from our Online Community ([community.macmillan.org.uk](https://community.macmillan.org.uk)) Others are from [healthtalk.org](https://healthtalk.org) Some quotes are from Wendy, who is on the cover of this booklet. She has chosen to share her story with us. To share your experience, visit [macmillan.org.uk/shareyourstory](https://macmillan.org.uk/shareyourstory)

## For more information

If you have more questions or would like to talk to someone, call the Macmillan Support Line free on **0808 808 00 00**, 7 days a week, 8am to 8pm, or visit [macmillan.org.uk](https://macmillan.org.uk)

If you would prefer to speak to us in another language, interpreters are available. Please tell us, in English, the language you want to use.

If you are deaf or hard of hearing, call us using NGT (Text Relay) on **18001 0808 808 00 00**, or use the NGT Lite app.

We have some information in different languages and formats, including audio, eBooks, easy read, Braille, large print and translations. To order these, visit [macmillan.org.uk/otherformats](https://macmillan.org.uk/otherformats) or call **0808 808 00 00**.

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# THE BREASTS AND DCIS

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# The breasts

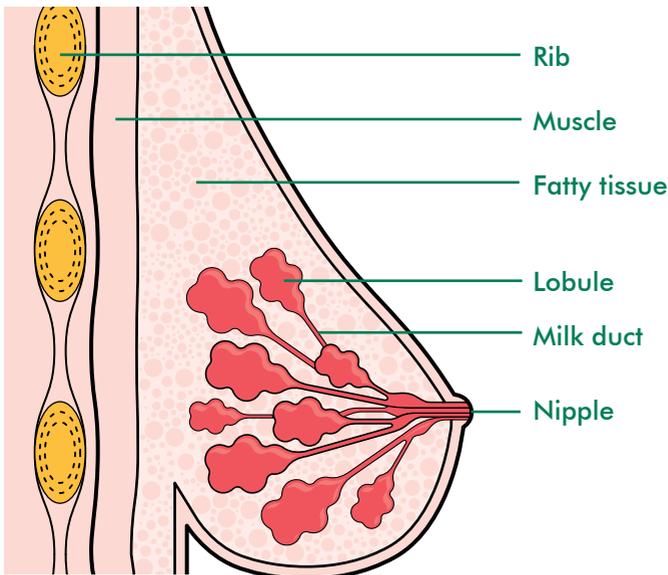
Breasts are made up of:

- fatty tissue
- supportive (connective) tissue
- glandular tissue containing lobes.

The lobes (milk glands) are where breast milk is made. They connect to the nipple by a network of fine tubes called ducts.

The tissue of the breast spreads into the lower armpit (axilla), which contains lymph nodes (glands). These are part of the lymphatic system, which protects us from infection and disease.

## Side view of the breast



It is common for women's breasts to be a different size or shape from each other. Women who have periods may notice their breasts change at different times of the month. A woman's breasts also change through pregnancy and menopause. These changes are linked to the different levels of the hormones oestrogen and progesterone the body produces.

Before a period, a woman's breasts may feel tender and lumpy. During pregnancy, a woman's breasts go through a lot of changes. After menopause, when the body makes less oestrogen, the breasts may change in size and feel softer or less full.

It is important to be aware of how your breasts feel and look at different times. You should know what is normal for you. Always see your doctor if you notice anything unusual for you, or if there is something you are not sure about.

# What is DCIS?

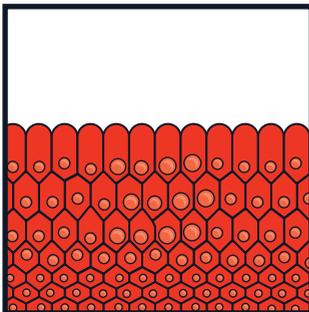
To understand DCIS, it helps to know how cancer usually develops.

Cancer starts in cells in our body. Cells are tiny building blocks that make up the organs and tissues of our bodies. They divide to make new cells in a controlled way. This is how our bodies grow, heal and repair. Cells receive signals from the body telling them when to divide and grow and when to stop growing. When a cell is no longer needed or can't be repaired, it gets a signal to stop working and die.

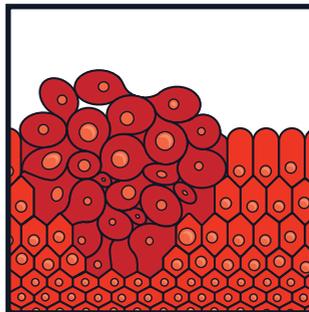
Cancer develops when the normal workings of a cell go wrong and the cell becomes abnormal. The abnormal cell keeps dividing making more and more abnormal cells. These eventually form a lump (tumour). Not all lumps are cancerous. Doctors can tell if a lump is cancerous by removing a small sample of tissue or cells from it. This is called a biopsy. The doctors examine the sample under a microscope to look for cancer cells.

## Cells forming a tumour

Normal cells



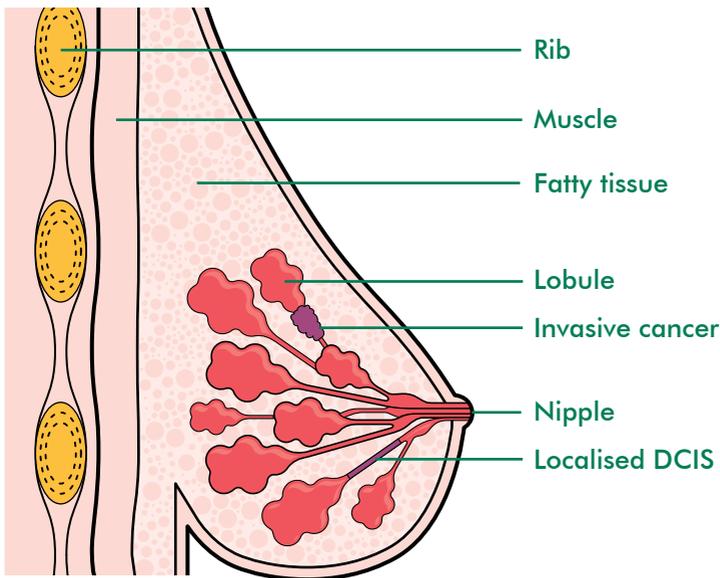
Cells forming a tumour



Breast cancer usually starts in the cells that line the lobules and the milk ducts that carry milk from the lobule out through the nipple. The place where DCIS starts is the terminal duct lobular unit. In this information, we use the simpler terms lobules and ducts.

In DCIS, the cancer cells are completely contained in the ducts and lobules. The cells have not broken through the walls of the lobules or ducts or grown into surrounding breast tissue. This is because the cells are not yet able to invade other tissues.

## Side view of the breast showing DCIS



DCIS is the earliest possible form of breast cancer. It is not a life-threatening condition. But treatment is usually recommended.

## DCIS and invasive breast cancer

If DCIS is not treated, over time it may spread into (invade) the breast tissue surrounding the ducts. It then becomes an invasive breast cancer. Not every untreated DCIS will develop into an invasive breast cancer. But breast specialists usually advise treating DCIS. This is because it is not possible to tell for certain which individual cases of DCIS will become an invasive cancer.

Having DCIS means you have a slightly higher risk of getting cancer elsewhere in the same breast or in your other breast.

We have more information about invasive breast cancer in our booklet **Understanding breast cancer in women** (see page 96).



# Risk factors and causes

Each year, about 5,000 women are diagnosed with DCIS in the UK.

The exact cause of DCIS is unknown. But certain things can increase your chance of developing it. These are called risk factors. The risk factors for DCIS and invasive breast cancer are similar. Our booklet **Understanding breast cancer in women** has more information about invasive breast cancer (see page 96).

Having one or more risk factors does not mean you will definitely get DCIS. And if you do not have any risk factors, it does not mean you will not get it.

DCIS is likely to be caused by a combination of different risk factors, rather than just one.

## Age

The risk of DCIS increases with age. It is rare in women under the age of 35.

## Breast cancer and other breast conditions

Your risk is increased if you have had breast cancer before. Having the following breast conditions can also increase your risk:

- Lobular carcinoma in situ (LCIS). This is when there are abnormal cell changes in the lining of the lobules.
- Atypical ductal hyperplasia. This is when there are slightly abnormal-looking cells in the milk ducts in a small area of the breast.

## Dense breast tissue

Dense breast tissue is when the breast is mostly made up of glandular and connective tissue with very little fatty tissue. Women whose mammograms show dense breast tissue have an increased risk of breast cancer compared with women whose mammograms show mainly fatty tissue.

## Hormonal factors

The female hormones oestrogen and progesterone can affect your breast cancer risk. Factors that can increase your risk include the following:

- Taking hormone replacement therapy (HRT) for more than 5 years, especially if you are taking combined HRT (oestrogen and progesterone). When you stop HRT, your risk reduces again.
- Not having had children.
- Having had your first child after the age of 30.
- Not breastfeeding your children, or breastfeeding for less than a year in total.
- Starting your periods early (under the age of 12) or having a late menopause (after the age of 55).
- Taking the contraceptive pill. But the risk reduces if you stop taking it.

## Family history and breast cancer risk

Most women who get breast cancer do not have a family history of it. Or if you have only one female relative diagnosed with breast cancer over the age of 40, your risk is unlikely to be very different from other women the same age as you.

But sometimes breast cancer can run in families. The chance of there being a family link is bigger when:

- a number of family members have been diagnosed with breast cancer or related cancers, such as ovarian cancer (our booklet **Understanding cancer of the ovary, fallopian tube and peritoneum** has more information – see page 96))
- the family members are closely related
- the family members were diagnosed at a younger age
- a man in your family has been diagnosed with breast cancer.

Fewer than 1 in 10 breast cancers (10%) are thought to be caused by a change (alteration) in a gene running through the family. In hereditary breast cancer, BRCA1 and BRCA2 are the two genes most often found to have a change.

If you are worried about breast cancer in your family, talk to your GP or breast specialist. They can refer you to a family history clinic or a genetics clinic. We have more information in our booklet **Cancer and genetics** (see page 96).

## Lifestyle factors

Certain lifestyle factors may slightly increase your breast cancer risk.

### Being overweight

The risk of breast cancer is higher in women who are overweight, particularly after the menopause. This is because being overweight may change hormone levels in the body. Keeping to a healthy weight can help reduce the risk of breast cancer (see page 77).

### Alcohol

Regularly drinking alcohol increases your risk of developing breast cancer. But the risk is small for women who drink within the recommended guidelines (see page 78).

### Smoking

Smoking may cause a slight increase in breast cancer risk. This seems to be linked with starting smoking at a younger age and smoking for a longer time. We have information on stopping smoking in our booklet **Giving up smoking** (see page 96).

## Radiotherapy to the chest at a young age

Women who have had radiotherapy to the chest before the age of 30 (for example to treat Hodgkin lymphoma) have an increased risk of breast cancer. Our booklets **Understanding radiotherapy** and **Understanding Hodgkin lymphoma** have more information (see page 96).

We have more information about risk factors for breast cancer and what you can do to help reduce certain risk factors in our leaflet **Are you worried about breast cancer?** (see page 96).

**'The consultant was great when it came to telling me what we were dealing with. He explained everything and gave details and diagrams, but it is very hard to process.'**

**Wendy**



# DIAGNOSING DCIS

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# How DCIS is diagnosed

Most women with DCIS have no symptoms and the DCIS is found through changes seen on a mammogram. Many women are having mammograms as part of the NHS breast screening programmes. So DCIS is now diagnosed much more often than it used to be. 1 in 5 breast cancers found by screening in the UK (20%) are DCIS.

The NHS breast screening programmes aim to find breast cancer very early. This means women have the best chance of a cancer being cured. In the UK, women aged 50 to 70 are invited to attend breast screening every 3 years. In England, the age range is slowly being extended to include women aged 47 to 73. We have more information about screening in our booklet **Understanding breast screening** (see page 96).

A small number of women go to their GP with symptoms and are referred for a mammogram. Symptoms include a breast lump or discharge from the nipple.

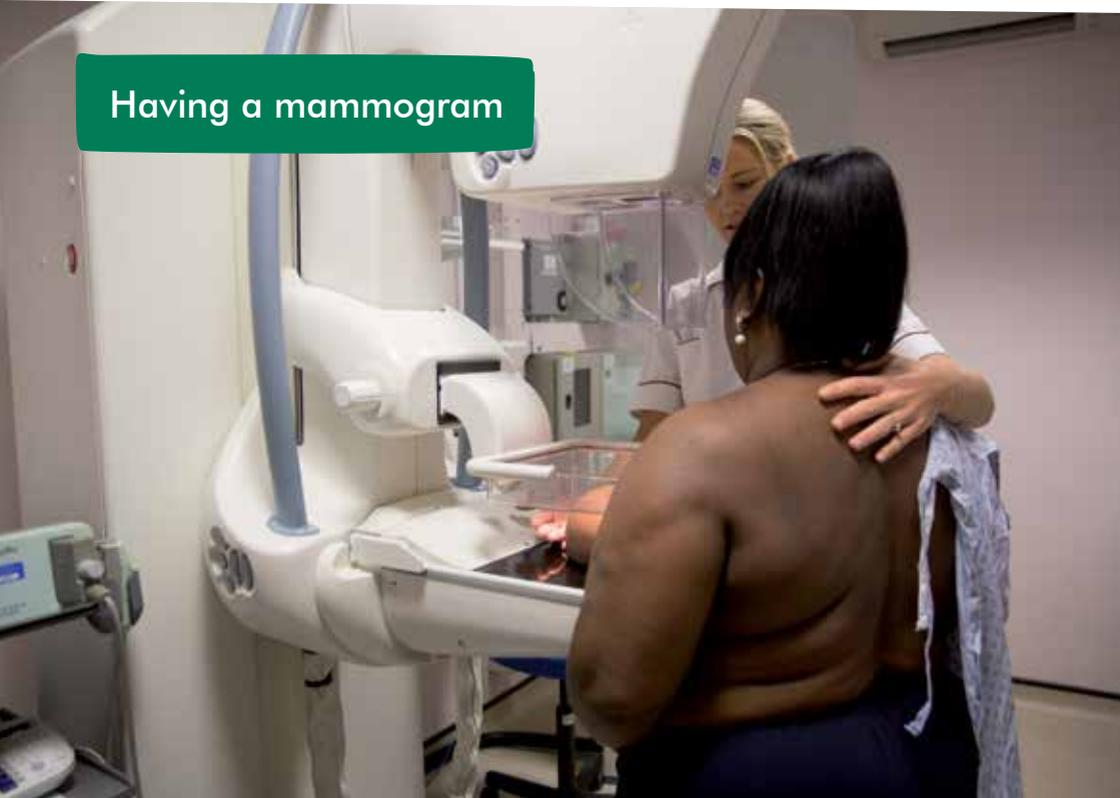
Women who have Paget's disease may have DCIS and will usually be referred for a mammogram. Paget's disease is a condition that affects the skin of the nipple. It causes redness, discharge or bleeding and sometimes itching of the nipple and the darker area around it (areola). We have more information on our website about Paget's disease (see page 96).

## Mammogram

A mammogram is a low-dose x-ray of the breast. You will need to undress down to your waist.

The radiographer will position you so your breast is on the x-ray machine. Next, your breast will be firmly pressed with a clear, plastic plate. This keeps your breast still and helps get a clear picture. You might find this uncomfortable or even painful. But this should only last for as long as the mammogram takes.

### Having a mammogram



You will have two x-rays of each breast taken from different angles. This helps to make sure as much of the breast is x-rayed as possible. Women who have very large breasts might need extra x-rays to make sure all the breast tissue is included.

In younger women, the breast tissue is more dense (has less fat). This makes it difficult to detect any changes on the mammogram.

'I was so lucky that it was picked up at screening. If I had to wait until I noticed something, then things could have advanced much further.'

**Wendy**

# Symptoms

A small number of women go to their GP with breast symptoms and are referred for a mammogram. It is important to see your GP if you have any of the following symptoms or notice anything that is unusual for you. These symptoms may be:

- a lump in the breast
- discomfort or pain in one breast
- a rash (like eczema) or itching on or around the nipple
- discharge or bleeding from the nipple.

We have more information about symptoms of breast cancer in our booklet **Understanding breast cancer in women** (see page 96).

## Micro-calcification

DCIS usually shows on a mammogram as an area of tiny specks of calcium. These are known as micro-calcifications. They collect in the milk ducts and lobules.

Micro-calcifications cannot usually be felt and are detected by a mammogram. They are common as women get older and are usually harmless. But rarely, a group of micro-calcifications in one area (a cluster) can be a sign of DCIS or early breast cancer.

If micro-calcifications are found, you will usually have a magnified mammogram to examine the area more closely. A radiologist will look at the size, shape and pattern of the calcifications.

If your mammograms show possible signs of DCIS, you will have further tests to find out more.

## Further tests

If a mammogram shows changes, you will be referred to a breast assessment clinic for further tests. The clinic staff will explain why you have been invited back and which tests you need. You might be able to have the tests on the same day. But sometimes you have to come back for further tests.

The clinic staff will let you know how and when you will get your results. You will usually be given an appointment to return for your results.

### At the breast clinic

At the clinic, you will see a specialist doctor or a nurse practitioner. You may also see a breast care nurse. They usually ask you if:

- you have had any breast problems
- anyone in your family has had breast cancer.

The doctor or nurse will examine your breasts and the lymph nodes in your armpits and around your neck. After this, they will explain the tests you need.

### Mammogram

You may have more mammograms that focus on the area of DCIS. These can be taken from different angles or use magnification.

## Breast ultrasound

An ultrasound uses sound-waves to build up a picture of the breast tissue. It can show if a lump is solid (made of cells) or if it is a fluid-filled cyst. It can also show whether a solid lump is regular or irregular in shape.

You will be asked to remove the clothes from the top half of your body. Then you lie down on a couch with your arm above your head. The person doing the scan puts a gel onto your breast tissue. They move a small device over the area. A picture of the breast tissue shows up on a screen. An ultrasound only takes a few minutes and is painless.

You may also have an ultrasound of the lymph nodes in your armpit.

## Breast biopsy

This is when the doctor removes a small piece of tissue or a sample of cells from the abnormal area. A doctor who specialises in studying cells (pathologist) looks at the sample under a microscope to check for cancer cells.

For a few days after the biopsy, your breast may feel sore and bruised. Taking painkillers and wearing a supportive bra will help with this. Any bruising will go away in a couple of weeks.

There are different ways of taking a biopsy. Your doctor or nurse will explain the type of biopsy you will have. Because DCIS cannot usually be felt, you will often need a mammogram or ultrasound to guide the biopsy needle to the abnormal area.

## **Needle biopsy with mammogram**

This is also known as a stereotactic needle biopsy.

You will be positioned in a mammography machine (see page 22) that has a special device attached. In most units, the test is done while you are sitting down. In a few units, women are asked to lie on their front. The radiographer then takes an x-ray of the breast from two different angles to work out the exact position of the abnormal area. They then insert a needle into the right place to take a sample. Before taking the biopsy, the doctor will inject some local anaesthetic into the area to numb it.

## **Ultrasound-guided needle biopsy**

Sometimes an ultrasound scan is used to show where the abnormal area is. This helps the doctor guide a needle through the skin into the exact area to take a biopsy. You will have a few biopsies taken from the area. You may feel some pressure, but this should only last for a short time.

## **Vacuum-assisted biopsy (VAB)**

This is a way of taking needle biopsies using a vacuum-assisted method. The doctor gives you an injection of local anaesthetic into the skin to numb the area. They then make a small cut and put a needle through it into the breast. A mammogram or ultrasound picture helps them guide the needle to the right area. The doctor places the needle, which is attached to a suction device, into the area. Using gentle suction, they remove the breast tissue into a small container. They can take several biopsies without needing to remove the needle and put it in again.

## Clip insertion

When a needle biopsy is done, sometimes a tiny metal marker or clip is placed where the biopsy was taken. The clip shows up in mammograms and marks the area where the biopsy was taken. This helps the surgeon find the exact area again if you need to have more breast tissue removed later on. The clip is very small and will not cause you any harm or discomfort, even if it is not removed. If DCIS is diagnosed, the clip is usually removed during surgery.

## Excision biopsy

Sometimes it is not possible to remove enough tissue to make a diagnosis with a needle biopsy or a VAB. In this case, you may need a small operation. You will be referred to a specialist breast surgeon to have an excision biopsy under a general anaesthetic.

The surgeon makes a cut in the skin of the breast and takes a biopsy of the breast tissue. You usually go home on the day of your operation. But some people may need to stay in hospital overnight. Usually, you have stitches that dissolve and do not need to be removed.

## Wire localisation

Sometimes, an x-ray or ultrasound is used to guide a fine wire into the breast. The wire marks exactly where the surgeon should take the biopsy. The surgeon removes the wire when the excision biopsy is done.

Sometimes a tiny amount of a harmless radioactive substance is injected into the area of micro-calcification. The surgeon then uses a special hand-held probe during surgery to guide them to the area that needs to be biopsied.

## Waiting for test results

Waiting for test results can be a difficult time. It may take from a few days to a couple of weeks for the results of your tests to be ready. You may find it helpful to talk with your partner, family or a close friend. Your specialist nurse or one of the organisations listed on our database, can also provide support. You can also talk things over with one of our cancer support specialists on **0808 808 00 00**.

## Your data and the cancer registry

When you are diagnosed with cancer in the UK, some information about you, your cancer diagnosis and your treatment is collected in a cancer registry. This is used to plan and improve health and care services. Your hospital will usually give this information to the registry automatically. There are strict rules to make sure the information is kept safely and securely. It will only be used for your direct care or for health and social care planning and research.

Talk to your doctor or nurse if you have any questions. If you do not want your information included in the registry, you can contact the cancer registry in your country to opt out. You can find more information at **[macmillan.org.uk/cancerregistry](https://www.macmillan.org.uk/cancerregistry)**

# Staging and grading for DCIS

Your breast specialist needs certain information about the DCIS to help plan the best treatment for you. This includes:

- the stage of the cancer
- the grade of the cancer
- whether the cancer has certain hormone receptors (see page 29).

## Staging

The stage of a cancer describes its size and whether it has spread from where it started.

DCIS is described as stage 0. This is the earliest stage and means there is no invasive breast cancer. DCIS can be any size, but will always be stage 0.

## Grading

The grade of a cancer describes how the cells look and how quickly they grow compared with normal cells. In DCIS, the grade of the cells is important. It indicates how likely DCIS is to come back in the breast. It also indicates how likely it is to develop into an invasive cancer.

There are three grades:

### **Grade 1 (low-grade DCIS)**

The cells look similar to normal breast cells and usually grow slowly. The cancer cells are less likely to spread into surrounding tissue.

### **Grade 2 (moderate or intermediate-grade DCIS)**

The cells look more abnormal and grow slightly faster than low-grade DCIS.

### **Grade 3 (high-grade DCIS)**

The cells look quite different from normal breast cells and grow more quickly.

High-grade DCIS is more likely to come back or develop into an invasive cancer than low-grade DCIS. Low-grade DCIS can still develop into invasive cancer. But this would usually take many more years than for high-grade DCIS.

Knowing the grade of the DCIS helps you and your doctors decide on the best treatment for you.

## **DCIS with microinvasion**

The pathologist will examine the tissue to see whether the cells have started to spread through the walls of the lobules or ducts. These very small areas of spread are called areas of microinvasion.

## Hormone receptors

DCIS cells may have receptors (proteins) on them that allow hormones, such as oestrogen, to attach to the cancer cell. These hormones can help the cancer cells grow. A pathologist (see page 34) tests the tissue that was removed during the biopsy or surgery oestrogen receptors.

Drugs that reduce levels of oestrogen in the body are called hormonal therapies (see pages 63 to 65). If the DCIS is oestrogen receptor-positive (ER-positive), your doctor may suggest taking hormonal therapies to shrink the DCIS before surgery.



# TREATING DCIS

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# Treatment overview

The main treatment is surgery to remove the DCIS. Not all DCIS will develop into an invasive cancer. The aim of treatment is to remove it and reduce the risk of it developing into an invasive breast cancer.

Some women may also have other treatments such as radiotherapy (see pages 57 to 62) and hormonal therapy (see pages 63 to 65).

'I was very shocked when they said I needed treatment. I couldn't stay in the house sometimes, I was just too anxious and needed to go out and walk around.'

**Gillian**

## Surgery

Your surgeon may talk to you about having one of these operations:

- breast-conserving surgery – this is where the DCIS and some surrounding normal breast tissue is removed
- a mastectomy – this when the whole breast is removed.

Most women have breast-conserving surgery. Breast-conserving surgery aims to keep as much of the breast and its shape as possible.

Sometimes, you are advised to have the whole breast removed (mastectomy). If you have a mastectomy, you will also have a sentinel lymph node biopsy (see page 46 to 47). This is a way of checking a few lymph nodes in the armpit for cancer cells.

Some women also have surgery to make a new breast shape (breast reconstruction) during the operation – see page 42. Others choose to have this done at a later time.

## Radiotherapy

After breast-conserving surgery, your cancer doctor will usually advise you to have radiotherapy (see pages 57 to 62) to the rest of the breast. This is to reduce the risk of DCIS coming back and to reduce the risk of an invasive breast cancer developing.

## Hormonal therapy

If you have DCIS that is oestrogen-receptor (ER) positive, your doctor may talk to you about having hormonal therapy.

It is important that the possible benefits are weighed up against the side effects of the hormonal therapy drugs. Your cancer doctor can explain the possible benefits and side effects in your situation.

Doctors are researching whether it is possible for women with low grade DCIS to have less treatment. Your cancer doctor or specialist nurse can give you more information about research trials that may be suitable for you. We also have information in **Understanding cancer research trials** (see page 96).

## How treatment is planned (MDT)

A team of specialists meet to discuss the best treatment options for your situation. This multidisciplinary team (MDT) includes:

- a surgeon, who specialises in breast surgery (see pages 38 to 56)
- a cancer doctor (oncologist), who specialise in chemotherapy, radiotherapy (see pages 57 to 62), hormonal therapy (see pages 63 to 65) and targeted therapy
- a specialist nurse, who gives information and support
- a radiologist, who specialises in x-rays and scans (see pages 22 to 26)
- a pathologist, who specialises in studying tissue samples and cells.

It may also include other healthcare professionals, such as a physiotherapist, a research nurse, psychologist, plastic surgeon, social worker or counsellor.

The MDT will look at many factors to help decide which treatments are likely to work best for you. These include:

- the stage and grade of the cancer (see pages 27 to 28)
- whether the cancer cells have hormone receptors or HER2 receptors
- your general health.

After the MDT meeting, your cancer doctor or specialist care nurse will talk to you about the treatment options. You can decide together on the best treatment plan for you.

## Making treatment decisions

Making treatment decisions can be difficult. Make sure you have enough information if you are asked to make a decision about treatment. Your cancer doctor can explain what is involved and any possible side effects of the treatment. It is important that you decide together what is right for you.

Some women with DCIS worry about having treatment for a condition that is not life-threatening. However, most women accept that it is important to treat DCIS to stop it from becoming an invasive cancer.

It is important to think about what is right for you. DCIS does not usually need to be treated urgently, so you can take time to think about your options. Talk to your cancer doctor or specialist nurse if you have any questions.

## Second opinion

Your multidisciplinary team (MDT) uses national treatment guidelines to decide the most suitable treatment for you. Even so, you may want another medical opinion. If you feel it will be helpful, you can ask either your specialist or GP to refer you to another specialist for a second opinion. Getting a second opinion may delay the start of your treatment, so you and your doctor need to be confident that it will give you useful information. If you do go for a second opinion, it may be a good idea to take a relative or friend with you, and have a list of questions ready, so that you can make sure your concerns are covered during the discussion.

## Giving your consent

Before you have any treatment, your doctor will explain its aims. They will usually ask you to sign a form saying that you give permission (consent) for the hospital staff to give you the treatment. No medical treatment can be given without your consent, and before you are asked to sign the form you should be given full information about:

- the type and extent of the treatment
- its advantages and disadvantages
- any significant risks or side effects
- any other treatments that may be available.

If you do not understand what you have been told, let the staff know straight away, so they can explain again. Some cancer treatments are complex, so it is not unusual to need repeated explanations. It is a good idea to have a relative or friend with you when the treatment is explained, to help you remember the discussion. You may also find it useful to write a list of questions before your appointment.

People sometimes feel that hospital staff are too busy to answer their questions, but it is important for you to know how the treatment is likely to affect you. The staff should be willing to make time for your questions. You can always ask for more time if you feel that you can't make a decision when your treatment is first explained to you.

You are also free to choose not to have the treatment. The staff can explain what may happen if you do not have it. It is essential to tell a doctor or the nurse in charge, so they can record your decision in your medical notes. You do not have to give a reason for not wanting treatment, but it can help to let the staff know your concerns so they can give you the best advice.



# Surgery

Surgery is the main treatment for DCIS. The operation you have will depend on:

- the size of the DCIS
- the position of the DCIS
- what you prefer.

Your surgeon and specialist nurse will talk to you about your options. You may be asked to decide (see page 35) which operation you have.

If you have oestrogen-receptor positive DCIS (see page 29), you may have hormone therapy before their operation. This can shrink the DCIS so that you can have breast-conserving surgery instead of a mastectomy.

If you do have a mastectomy, you can usually choose to have breast reconstruction at the same time as a mastectomy or later. Breast reconstruction is making a new breast shape. Some women may decide not to have it at all.

## Wide local excision (breast-conserving surgery)

Your surgeon may suggest having a wide local excision (breast-conserving surgery). This keeps as much of the breast tissue and the shape of the breast as possible.

During a wide local excision (WLE), the surgeon removes the DCIS and some of the normal looking tissue around it (the margin).

A doctor inserts a fine wire into the areas of DCIS before surgery. This is called wire localisation (see page 25). It marks the area to be removed, and means the surgeon can find it more easily. The doctor uses an x-ray or ultrasound to help them find the right area. During the operation, the wire is then removed with the area of DCIS.

Some women have a radioactive liquid or radioactive seed injected into the DCIS instead of having wire localisation. The surgeon uses a handheld machine that can detect the radioactivity and the area of DCIS. This is called radio-guided occult lesion localisation (ROLL).

If a large area of DCIS is removed, the breast will be smaller than before. If this happens, the surgeon can also reduce the size of your other breast, to make your breasts look even. This is called a therapeutic mammoplasty.

## Radiotherapy after breast-conserving surgery

After breast-conserving surgery, some women are advised to have radiotherapy (see page 57 to 62). This is to reduce the risk of:

- DCIS coming back
- an invasive cancer developing.

Radiotherapy is usually offered if the DCIS is high grade. If the area of DCIS was very small and low or intermediate-grade, you may only need a WLE (see pages 27 to 28).

Having breast-conserving surgery followed by radiotherapy, is as effective at treating DCIS as having a mastectomy (see opposite page).

## Clear margins

After breast-conserving surgery, a pathologist examines the tissue that has been removed under a microscope. A pathologist specialises in looking at tissue samples and cells under a microscope. They check the area (margin) around the cancer. If they find DCIS or cancer cells close to the edges, you will need another operation to remove more tissue. Having clear margins reduces the risk of DCIS or invasive cancer coming back.

Your surgeon will usually recommend a mastectomy if they do not think another breast-conserving operation is likely to be successful. If you have a mastectomy, you will also be offered breast reconstruction (see page 42).

## Removing the breast (mastectomy)

Breast surgeons will usually try to do an operation that means you can keep your breast. But sometimes they may recommend a mastectomy. This may be when the DCIS:

- is large in proportion to the rest of your breast
- is in more than one part of the breast and the affected areas are not small.

Before the operation, your surgeon will talk to you about removing a small sample of lymph nodes from your armpit. This is called a sentinel lymph node biopsy (see pages 46 to 47). It checks for cancer cells in the lymph nodes. Your surgeon or specialist breast care nurse will also talk to you about breast reconstruction.

'I had the mastectomy as I couldn't take any more waiting on results and wanted it over and done with and the DCIS gone once and for all. It wasn't an easy decision but I am cancer free and at the end of the day that's what matters. I don't need further treatment and just 12 monthly check-ups.'

**Helen**

## Breast reconstruction

If you are having a mastectomy, your surgeon may usually ask if you want a new breast shape made at the same time (immediate breast reconstruction). You can choose to leave reconstruction until a later time, and or you may decide not to have it done at all. It depends on what is right for you.

You may decide not to have immediate reconstruction. But if you want reconstruction in the future, it is best to mention this before you have a mastectomy. You do not have to make a definite decision at this stage, but it will help the surgeon to plan your mastectomy.

Breast reconstruction is specialised surgery. It is done by a plastic surgeon or an oncoplastic surgeon, who are experts in breast cancer surgery and reconstruction. There are different ways of doing breast reconstruction. A new breast shape can be made using:

- a silicone implant
- with tissue taken from another part of your body, usually your back or tummy
- a combination of an implant and tissue taken from another part of the body.

If you have larger breasts and a bigger area of DCIS, you can have the DCIS removed and the breast reshaped.

There is a higher risk of short-term problems following breast reconstruction. But often only one operation is needed and the results are usually good.

Your surgeon and breast care nurse will tell you more about the types of breast reconstruction that are suitable for you.

## Choice of treatment

A wide local excision and a mastectomy work equally well in treating DCIS. This means your surgeon and specialist nurse may ask you to decide which type of surgery you feel is right for you.

Your surgeon and specialist nurse can explain what is involved and any possible side effects of each treatment. They will help you decide on the treatment that is best for you.

Having breast surgery can affect many areas of your life, including your body image, sex life and relationships. It is important to take your time and have all the information you need to make the right decision. We have more information in our booklets **Body image and cancer** and **Cancer and your sex life – information for women** (see page 96).

It is helpful to think about the possible advantages and disadvantages of each type of surgery before making a decision.

## Breast-conserving surgery and radiotherapy

### Advantages

- It aims to keep most of your breast tissue and a good breast shape.
- You may recover faster than with a mastectomy and have a lower risk of complications.

### Disadvantages

- You may need more than one operation to get clear margins.
- You need radiotherapy after surgery.
- Radiotherapy (see page 57 to 62) has short-term side effects, and some women may have long-term side effects.

## Mastectomy

### Advantages

- You probably will not need radiotherapy after a mastectomy.
- You may feel less worried after the operation because the breast tissue has been removed.

## Disadvantages

- You lose your breast permanently.
- It may take longer to recover after having a mastectomy, and there is a slightly higher risk of complications.
- It changes your appearance, which may affect your confidence, sex life and relationships.
- If you want breast reconstruction afterwards, you need a longer operation and possibly more surgery. But, reconstruction may help to reduce disadvantages.

Your doctors and specialist nurse can answer any questions you may have and tell you what to expect. They may be able to show you photographs of other women who have had surgery.

Talking to other women who have already had surgery can also help. Your specialist nurse may know whether there is a local support group, where you can talk to someone who has had a similar operation.

You may also be able to find women in a similar situation on our Online Community ([community.macmillan.org.uk](https://community.macmillan.org.uk)) or at the Breast Cancer Care online forum (see page 101 for contact details).

## Sentinel lymph node biopsy (SLNB)

A sentinel lymph node biopsy (SNLB) is a way of checking lymph nodes in the armpit. It is only for women having a mastectomy and is done during the operation. This is because sometimes when the breast is removed, it is found to have invasive cancer. If this happens, the lymph nodes need to be checked for cancer cells. Having a sentinel lymph node biopsy at the same time as a mastectomy means you do not need a second operation to check the lymph nodes. Women having breast conserving surgery do not usually have an SLNB.

During an SNLB, surgeons remove the smallest number of lymph nodes possible (usually 1 to 3) to see if they contain cancer cells. Removing only a small number of lymph nodes reduces the risk of side effects that can happen after lymph node surgery. These include swelling of the arm (lymphoedema) and stiffness of the arm. See page 75 for more information.

The lymph nodes that are the most likely to have cancer cells in them are called the sentinel lymph nodes. These are the first ones that lymph fluid drains to from the breast.

If there are no cancer cells in the sentinel lymph nodes, you will not need any further treatment to the lymph nodes.

If cancer cells are found in the sentinel lymph nodes, your cancer doctor will talk to you about whether you need further treatment. You may be offered another operation to remove the remaining lymph nodes. Some women have radiotherapy (see pages 57 to 62) to the rest of the lymph nodes instead of more surgery.

In some hospitals, the sentinel lymph nodes can be checked for cancer cells during your operation. This means if more lymph nodes need to be removed, it can be done during the same operation.

## How an SLNB is done

Before the sentinel lymph nodes can be removed, the surgeon needs to check which nodes are the sentinel lymph nodes.

Before the surgery, the surgeon injects a harmless amount of radioactive liquid into your breast. During the operation, they use a handheld machine to find the lymph nodes that have picked up the radioactivity. The surgeon may also inject a blue dye into your breast during the operation. This stains the sentinel lymph nodes blue. The lymph nodes that pick up the radioactive liquid or become blue first are the sentinel lymph nodes.

The surgeon can then remove the blue or radioactive nodes (sentinel nodes). These are tested to see if there are any cancer cells in them.



## Before your operation

Before your operation, you may be seen at a pre-assessment clinic. You may have tests to check your general health.

These can include:

- blood tests
- a chest x-ray
- a recording of your heart (ECG).

Your surgeon or specialist nurse will talk to you about how your breast will look after your surgery. They may show you photographs of other women who have had breast surgery. They may also put you in contact with someone who has had the same operation. Or you can contact a local support group or Breast Cancer Care (see page 101).

You will usually come into hospital on the day of your operation. You will meet the doctor who gives you the anaesthetic (anaesthetist). The nurses may give you elastic stockings (TED stockings) to wear during and after the operation to help prevent blood clots.

## After your operation

Your recovery after surgery will depend on the type of operation you have.

Most women who have surgery for DCIS can go home the same day or the following day. If you have breast reconstruction at the same time as a mastectomy, you will stay in hospital for longer (1 to 5 days). This will depend on the type of reconstruction you have.

Your healthcare team will encourage you to start moving around as soon as possible after your operation. This can help reduce the risk of problems that can happen after surgery.

### Your wound

You will usually have a dressing covering your wound. This may not be removed for the first few days after your operation. The nurses will tell you how to look after it before you go home.

How long it takes for the wound to heal depends on the operation you had. Your wound may be closed with glue or stitches that dissolve and do not need to be removed. If you do not have stitches that dissolve, they are usually removed about 7 to 10 days after your operation. You can arrange this with your practice or district nurse, or it may happen at your outpatient appointment.

### Drains

You may have a long, thin plastic drainage tube coming from your wound. This is attached to a drainage bag or bottle. Fluid from the wound drains into the bag or bottle.

The drain is usually left in for a few days. You can go home with the drain still in place. A practice nurse or a district nurse may check it when you are at home. Or you might have it checked and removed at the hospital.

## Pain

You will probably have some pain or discomfort around the wound. If you have had lymph nodes removed, you may also have some pain or discomfort in your armpit.

It can help to take painkillers regularly until the pain starts to improve. This usually takes a few days. Your specialist nurse will usually give you the painkiller to take. If you have had a mastectomy, you may need painkillers for 1 or 2 weeks. Tell your cancer doctor or specialist nurse if the painkillers are not helping. They may be able to prescribe different ones for you to try.

## Possible problems after surgery

### Wound infection

Signs of infection can include:

- warmth around the wound
- redness around the wound
- swelling around the wound
- discharge coming from the wound
- feeling unwell and having a fever.

Tell your nurse, doctor or GP if you get any of these symptoms, even after you go home.

## **Fluid collecting around the wound (seroma)**

A seroma is a soft bulge or swelling around, or very close to, the wound. It is caused by a build-up of fluid. It usually goes away within a few weeks. Talk to your surgeon or breast care nurse if you are worried about swelling that does not seem to be going away. Your cancer doctor or breast care nurse may need to drain the fluid with a needle and syringe. This may cause some discomfort when it is being done.

## **Stiff shoulder or arm**

After a mastectomy or having lymph nodes removed, your shoulder or arm may feel sore or stiff.

Your physiotherapist or nurse will show you some arm exercises to do. This will help improve the movement in your shoulder and arm, and reduce the risk of long-term problems. You should start the exercises the day after your operation and slowly build up what you do. It is important to keep doing this until you can move your arm as well as you could before your operation.

Breast Cancer Care (see page 101) has a leaflet about these exercises.

## **Numbness and tingling in the upper arm**

You may have numbness or a tingling feeling in your upper arm. This is more likely if you had all the lymph nodes in your armpit removed.

Numbness and tingling in the upper arm is caused by swelling and damage to the nerves in your breast and armpit during or after the operation. It may slowly improve over a few months, but it can sometimes be permanent. Talk to your surgeon or specialist nurse if you are worried.

## How your breast looks

It is common to have some swelling and bruising around the breast after your operation. This should improve after a few weeks. If it does not, tell your specialist nurse.

Wearing a crop top or sports bra might feel more comfortable until the swelling goes down. You will need to wear a supportive bra in hospital after your surgery and when at home. Some hospitals recommend wearing a bra all the time in the first few weeks. This can help to support the breast and reduce bruising. It can help to get some advice from your breast care nurse about this.

If you had an SLNB (see pages 46 to 47), you may see the blue dye in your skin for a few weeks. This is normal.

### Scars

Before your operation, your surgeon or specialist nurse will explain where the scars will be.

Scars from breast-conserving surgery are usually small, but it depends on the size of the tissue that was removed. The scar may be in the area where the cancer was, or a short distance away. This depends on where the surgeon makes the cut. Your surgeon will try to make the scar as small as possible so it is less noticeable.

If you have a mastectomy, the scar will be across the skin of the chest and may go into the armpit. If you have surgery to the lymph nodes, the scar will be in the armpit and should not be noticeable from the front.

If you have pale skin, your scar will be red immediately after your operation. If you have dark skin, your scar will be darker. The scar will also be firm and slightly raised. Over time, it will flatten and fade. Everyone's skin heals differently. If you have dark skin or fair, freckled skin, scars can take longer to fade. This means they may be more noticeable for longer.

If you are worried about your scar, talk to your specialist nurse or surgeon. We have more information about scarring after breast reconstruction (see page 42).

## Coping with a changed appearance

The first time you look at your breast or chest after surgery you may want to have someone with you, or you might prefer to be alone. Your specialist nurse will talk to you about this and help support you.

At first, the area may look swollen and bruised, but this will settle in a few weeks. In time, the scar will flatten and fade.

Changes to your appearance can cause concerns about your body image. This is the picture in your mind of how your body looks and works. These concerns can make you feel less confident or less feminine. This may also affect your sex life. Some women find that breast reconstruction can help give them back their confidence and feelings of femininity.

We have more information in our booklets **Body image and cancer**, and **Understanding breast reconstruction and Cancer and your sex life – information for women** (see page 96).

## Breast prosthesis

If you do not have breast reconstruction at the same time as mastectomy, your specialist nurse will give you a prosthesis (false breast) to wear inside your bra. The prosthesis is soft and lightweight. It is often called a cumfie or softie. You can wear it straight after your operation.

When your wound has healed, usually about 6 weeks after your surgery, you can choose a permanent prosthesis made of soft plastic (silicone). It will be matched to the size and shape of your other breast and your skin colour. Many women find their confidence gradually improves as they get used to it.

You can get different types of prosthesis from the NHS. Breast Cancer Care can also give you a list of suppliers (see page 101).

## When you get home

Your recovery will depend on the type of operation you have, but you may need to avoid lifting or carrying anything heavy for a few weeks.

Some insurance policies give specific time limits for not driving after surgery. Contact your insurance company to let them know you have had an operation. Most people are ready to drive about 4 weeks after their operation. Do not drive unless you feel in full control of the car.

When you are home, it is important to follow the advice you were given by your specialist nurse. You should carry on with the exercises you were shown in hospital and try do some light exercise such as walking. This can help to build up your energy, so you can gradually get back to your normal activities.

## Outpatient appointment and results

You will be given an appointment to see the surgeon and breast care nurse. This will be at the outpatient clinic. They will check that the wound is healing properly. They will also tell you about the tissue that was removed during surgery (pathology) and the stage of the cancer.

If you have had a WLE, your surgeon will tell you if the margins (see page 40) around the DCIS are clear. If the margins are not clear, you may need another operation.

Sometimes a small area of invasive cancer is found with the DCIS. Although this can be distressing news, it is usually very early breast cancer, which can be treated successfully.

If you have had breast-conserving surgery (see page 39) and invasive cancer is found, you may have to have a second operation to do a SLNB (see pages 46 to 47). If you have had a mastectomy (see page 41), you will already have had a SLNB.

Your surgeon and breast care nurse will also talk to you about any further treatment you need. This may include radiotherapy (see pages 57 to 62) or hormonal therapy (see pages 63 to 65).

# Radiotherapy

Radiotherapy uses high-energy rays to destroy cancer cells, while doing as little harm as possible to normal cells.

Radiotherapy reduces the risk of DCIS coming back in the area it is given to. It is given after surgery to destroy any remaining DCIS cells. It also helps reduce the risk of an invasive cancer developing.

After a wide local excision (WLE – see page 39), your cancer doctor will usually recommend you have radiotherapy to the breast if your DCIS is high grade (see pages 27 to 28). If your DCIS is low or intermediate grade, your cancer doctor may not recommend that you have radiotherapy.

You usually start radiotherapy about 4 to 6 weeks after surgery. Some women may also have an extra dose to the area where the DCIS was (a booster dose).

Your cancer doctor and specialist nurse will explain why it is recommended for you. It is important to talk to your cancer doctor or your specialist nurse about any concerns you have.

## Planning your radiotherapy treatment

You will have a hospital appointment to plan your treatment. You will usually have a CT scan of the area to be treated. During the scan, you need to lie in the position that you will be in for your radiotherapy treatment.

Your radiotherapy team use information from this scan to plan:

- the dose of radiotherapy
- the area to be treated.

You may have some small, permanent markings made on your skin. The marks are about the size of a pinpoint. They help the radiographer make sure you are in the correct position for each session of radiotherapy.

These marks will only be made with your permission. If you are worried about them, talk to your radiographer.

## Having radiotherapy

You will have radiotherapy as an outpatient. It is usually given using equipment that looks like a large x-ray machine. You might hear it called external beam radiotherapy (EBRT). There is more information about types of radiotherapy in our booklet **Understanding radiotherapy** (see page 96).

You usually have radiotherapy as a series of short, daily treatments. These are called sessions. The treatments are given from Monday to Friday, with a rest at the weekend. The person who operates the machine is called a radiographer. They will give you information and support during your treatment.

You usually have radiotherapy for 3 weeks. Women who had breast-conserving surgery may have an extra dose (booster dose) to the area where the cancer was. Sometimes the booster dose is given at the same time as radiotherapy to the rest of the breast. Or it may be given at the end of the 3 weeks. This means you will need a few more treatments. Your doctor will tell you how many treatments you will need.

If you have radiotherapy to your left breast, you may be asked to take a deep breath and hold it briefly. This is called deep inspiration breath hold (DIBH). You do this at each of your planning and treatment sessions. It keeps you still and also moves your heart (which is behind your left breast) away from the treatment area. DIBH helps protect your heart during your treatment and reduces the risk of late effects. Some women may have intensity-modulated radiotherapy (IMRT). This is another type of external beam radiotherapy. It shapes the radiotherapy beams and allows different doses of radiotherapy to be given to different areas. This means lower doses of radiotherapy are given to healthy tissue surrounding the tumour. We have more information about IMRT in our booklet **Understanding radiotherapy** (see page 96).

External radiotherapy does not make you radioactive. It is safe for you to be with other people, including children, after your treatment.

## Treatment sessions

Your radiographer will explain what happens during treatment. At the beginning of each session, they make sure you are in the correct position. If your muscles and shoulder feel stiff or painful, a physiotherapist can show you exercises that may help.

When you are in the correct position, your radiographer leaves the room and the treatment starts. The treatment itself is not painful and it only takes a few minutes.

The radiographers can see and hear you from outside the room. There is usually an intercom, so you can talk to them if you need to during your treatment.

During treatment, the radiotherapy machine may stop and move into a new position. This is so you can have radiotherapy from different directions.

## Side effects of radiotherapy

Radiotherapy can cause side effects in the area of your body that is being treated. You may also have some general side effects, such as feeling tired. After treatment finishes, it may be 1 to 2 or weeks before side effects start getting better. After this, most side effects usually slowly go away.

Your cancer doctor, specialist nurse or radiographer will tell you what to expect. They will give you advice on what you can do to manage side effects. If you have any new side effects or if side effects get worse, tell them straight away.

## Skin irritation

Your skin in the treatment area may get red, dry and itchy. Dark skin may get darker or have a blue or black tinge. Your specialist nurse or radiographer will give you advice on looking after your skin. If it becomes sore and flaky, your doctor can prescribe creams or dressings to help this.

Skin reactions usually start to improve 2 weeks after radiotherapy finishes.

Here are some tips:

- Do not put anything on your skin in the treatment area without checking with your specialist or radiographer.
- Have cool or warm shower rather than a bath if you can. Turn away from the spray to protect the treated area.
- Pat the area dry gently with a soft towel – do not rub.
- Wear loose clothing that is less likely to irritate your skin.

You need to avoid exposing the treated area to the sun for at least a year after treatment finishes. Use suncream with a high sun protection factor (a minimum of 30 SPF) to protect your skin if it is exposed.

## Tiredness

This is a common side effect that may last for up to 2 months after treatment. Try to get plenty of rest and pace yourself. Balance this with some physical activity, such as going for short walks, which will give you more energy.

## Aches and swelling

You may have a dull ache or shooting pains in the treated area that last for a few seconds or minutes. You may also notice that the area becomes swollen. These effects usually improve quickly after treatment. You might still have aches and pains in the area after radiotherapy.

## Late effects of radiotherapy

Radiotherapy to the breast may cause side effects that happen months or years after radiotherapy. They are called late effects. Newer ways of giving radiotherapy are helping reduce the risk of these late effects happening.

If you are worried about late effects, talk to your cancer doctor or specialist nurse.

The most common late effect is a change in how the breast looks and feels.

Radiotherapy can damage small blood vessels in the skin. This can cause red, spidery marks (telangiectasia) to show.

After radiotherapy, your breast may feel firmer and shrink slightly in size. If your breast is noticeably smaller, you can have surgery to reduce the size of your other breast. If you had breast reconstruction (see page 42), using an implant before radiotherapy, you may need to have the implant replaced.

It is rare for radiotherapy to cause heart or lung problems, or problems with the ribs in the treated area. This usually only happens if you had treatment to your left side.

Tell your cancer doctor if you notice any problems with your breathing, or have any pain in your chest area.

# Hormonal therapies

Hormones help control how cells grow and what they do in the body. The hormones oestrogen and progesterone, particularly oestrogen, can encourage some breast cancers to grow.

Hormonal therapies reduce the amount of oestrogen in the body or stop it attaching to the cancer cells. They only work for women who have oestrogen-receptor (ER) positive cancers (see page 29).

Hormonal therapies are commonly prescribed for women with invasive breast cancer. This is because they reduce the risk of breast cancer coming back. Doctors know that there are benefits of using hormonal therapy for DCIS, but these benefits are small.

You may have hormonal therapy before surgery to shrink DCIS. This means you may be able to have breast-conserving surgery (see page 39) instead of a mastectomy. If you are not able to have an operation to remove the cancer, you may have hormonal therapy as your only treatment.

Your cancer doctor may talk to you about the possible benefits and disadvantages of taking hormonal therapy in your situation. The type of hormonal therapy you have depends on whether you have been through menopause or not.

## Types of hormonal therapy

### Tamoxifen

Trials have shown that a hormonal therapy called tamoxifen may reduce the risk of ER positive DCIS coming back. It can also reduce the risk of invasive cancer in both breasts.

It can be used whether you have been through menopause or not. Tamoxifen is taken daily as a tablet, usually for 5 years.

The side effects are similar to the effects of the menopause and may include:

- hot flushes and sweats
- weight gain
- tiredness.

For women who have been through the menopause, tamoxifen can slightly increase the risk of womb (endometrial) cancer. It can also increase the risk of developing a blood clot. Although this sounds frightening, these effects are very rare. If they happen, they are usually found very early when they can be successfully treated.

## Aromatase inhibitors (AIs)

Aromatase inhibitors (AIs) are the main hormonal therapy used for women with invasive breast cancer after the menopause. They stop oestrogen being made in the fatty tissue. Like tamoxifen, these drugs only work if you have an ER positive DCIS.

If you have been through the menopause and have ER positive DCIS, trials have shown that AIs may reduce the risk of:

- DCIS coming back
- developing an invasive cancer in both breasts.

You may have AIs for 3 to 6 months before surgery. The aim is to shrink the DCIS so that you can have breast-conserving surgery instead of a mastectomy.

Your cancer doctor or specialist nurse can tell you more about any trials that you may be suitable for.

Your doctor may prescribe an aromatase inhibitor such as:

- anastrozole (Arimidex®)
- exemestane (Aromasin®)
- letrozole (Femara®).

These drugs are taken daily as a tablet. Side effects can include:

- tiredness
- joint and muscle pain
- hot flushes.



# AFTER TREATMENT FOR DCIS

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## Follow-up

After treatment, you will have regular check-ups and yearly mammograms. At first, your appointments may be every few months. But after a while, they may be once a year. If you notice any new symptoms between appointments, it is important to contact your doctor or nurse for advice. They will give you contact numbers, so you do not have to wait until your next appointment.

Instead of routine appointments, your breast care nurse may give you information on what to look out for. They will ask you to contact them or your cancer specialist if there is anything you are worried about. Some women may have their follow-up appointments at a nurse-led clinic. They only see their cancer specialist if something needs to be checked further.

Many women find they get anxious for a while once treatment ends. This is natural. It can help to get support from family, friends or a helpful organisation (see pages 101 to 108). You can also contact our cancer support specialists on **0808 808 00 00**.

## Be aware of changes

You will have yearly mammograms, but it is still a good idea to know what is now normal for you. Your treated breast will look and feel different, depending on the treatment you have had.

Your breast care nurse can tell you what you should expect and what to look out for. It is also important to be aware of what to look out for in your untreated breast. Possible signs and symptoms of breast cancer can include:

- a lump in the breast
- thickening of the skin or tissue of the breast, or dimpling of the skin of the breast
- a lump or swelling in either armpit
- a change in the shape or size of the breast, such as swelling in all or part of the breast
- a nipple turning in (inverted nipple)
- a rash (like eczema) on the nipple
- discharge or bleeding from the nipple
- pain or discomfort in the breast that does not go away, but this is rare.

If you notice anything unusual between appointments, contact your cancer specialist or breast care nurse straight away.

## If DCIS comes back

After treatment, the risk of DCIS coming back or of getting an invasive breast cancer is low. If you have any new problems, they will usually be found very early.

If DCIS comes back, or an invasive cancer develops in the same breast, your doctor will usually advise a mastectomy (see page 41). If you have not already had radiotherapy (see pages 57 to 62), it might be possible to remove the area with surgery (see pages 38 to 56) and then have radiotherapy. Treatment for DCIS that comes back, or for early invasive breast cancer that develops after treatment for DCIS, is usually very successful.

# Effects after treatment

After treatment, you will probably want to get back to doing the things you did before diagnosis. But you may still be coping with some side effects of treatment and your feelings about having had cancer. It is important to try not to expect too much of yourself. It can often take several months to recover from the effects of treatment.

It is important to talk about any concerns or questions you have with your cancer specialist and breast care nurse. After treatment, you may want to know:

- what to expect
- whether there is anything you should avoid
- how to make the most of your health
- where to get support.

## Sex life

DCIS and its treatments and side effects may affect your sex life and your feelings about yourself as a woman.

Difficulties often slowly improve after treatment, but for some women it may take longer. You may feel insecure and worry about your current or future relationships.

If you have a partner, you may feel insecure about whether they will still find you sexually attractive. It can help to try to talk about it with them. You may both need some time to adjust.

Let your doctor or nurse know if any difficulties with your sex life do not improve. They may be able to reassure you or offer further help and support. If you feel uncomfortable talking to your doctor or nurse, you can call us on **0808 808 00 00**.

Some people may find it helpful to talk to a sex therapist. You can contact a therapist through the College of Sexual and Relationship Therapists – visit **cosrt.org.uk**

We have more information about sexuality and cancer in our booklet **Cancer and your sex life – information for women** (see page 96).



## Contraception

Your cancer doctor or breast care nurse will advise you not to use contraception that contains hormones. This includes the pill or coils (intra-uterine devices) that release hormones. Your GP can give you advice about methods of contraception. Coils that do not contain hormones, or barrier methods such as condoms, a diaphragm or cap, are usually the most suitable.

## Menopausal symptoms

Some treatments for DCIS may cause menopausal symptoms. Doctors do not recommend hormone replacement therapy (HRT). This is because it contains oestrogen, which could encourage breast cancer cells to grow.

Some cancer doctors may occasionally prescribe HRT for severe menopausal symptoms when nothing else has helped. You will need to talk about this with your cancer doctor so you know the possible benefits and risks.

We have a video about coping with menopausal symptoms at [macmillan.org.uk/information-and-support/resources-and-publications/videos/test-treatments-effects/side-effects](https://www.maccmillan.org.uk/information-and-support/resources-and-publications/videos/test-treatments-effects/side-effects)

## Lymphoedema

Lymphoedema is a swelling of the arm or hand. It sometimes happens after surgery or radiotherapy to the lymph nodes in the armpit. Most women with DCIS do not have surgery or radiotherapy to the armpit. Some women with DCIS do have a sentinel node biopsy (see pages 46 to 47). If you had a sentinel lymph node biopsy, your risk of lymphoedema is small.

There are things you can do to help reduce your chances of developing lymphoedema. It is important to protect your arm and hand, and to look after the skin in that area.

If you notice any swelling in your arm, hand or chest, always ask your doctor or nurse to check it. The earlier lymphoedema is diagnosed, the easier it is to manage and treat successfully.

We have more information in our booklet **Understanding lymphoedema** (see page 96).

# Well-being and recovery

After treatment for DCIS, some women choose to make some positive lifestyle changes. You may have already followed a healthy lifestyle before DCIS. But you may be more focused on making the most of your health.

## Eat well and keep to a healthy weight

Try to keep to a healthy weight. Being overweight after the menopause can increase the risk of breast cancer. Keeping to a healthy weight also reduces the risk of some other cancers, heart problems and other illnesses such as diabetes. Try to:

- only eat as much food as you need
- eat a balanced diet with lots of fruit and vegetables (see our booklet **Healthy eating and cancer** for more information)
- eat less saturated fat and sugar
- be more physically active.

## Be physically active

Being physically active helps keep your weight healthy and can reduce stress and tiredness. It helps keep your bones strong and your heart healthy. We have more information in our booklet **Physical activity and cancer** (see page 96).



## Stop smoking

If you smoke, giving up is one of the healthiest decisions you can make. Smoking increases your risk of bone thinning (osteoporosis) and is a major risk factor for smoking-related cancers and heart disease. We have more information in our booklet **Giving up smoking** (see page 96).

## Stick to sensible drinking guidelines

It is best to limit alcohol intake and include one or two alcohol-free days each week. Current NHS guidelines suggest that both men and women should:

- not regularly drink more than 14 units of alcohol in a week
- spread the alcohol units they drink in a week over 3 or more days
- try to have several alcohol-free days every week.

A unit of alcohol is:

- half a pint of ordinary strength beer, lager or cider
- one small glass (125ml) of wine
- a single measure (25ml) of spirits.

There is more information about alcohol and drinking guidelines at **[drinkaware.co.uk](http://drinkaware.co.uk)**

## Try to reduce stress in your life

Being diagnosed with breast cancer can be a stressful time in your life. One way of coping with stress is to make time to relax. Some examples of ways to relax or reduce stress include:

- going for a walk
- having a meal with family or friends
- listening to music or watching a film
- trying activities such as yoga, or using relaxation techniques to control breathing (our booklet **Cancer and complementary therapies** has more information)
- being more physically active and looking after your well-being
- talking to someone about how you feel (we have more information in our booklet **Talking about cancer** – see page 96).





# YOUR FEELINGS AND RELATIONSHIPS

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## Your feelings

Although DCIS is not life-threatening, you may still have difficult feelings to cope with (our booklet **How are you feeling? The emotional effects of cancer** has more information). As you recover and get back to your everyday life, these usually get easier to deal with. The type of treatment you have had will affect how you feel. For some women, treatment is straightforward. But for others, it may mean changes in appearance or having to cope with side effects.

Talking to family and friends about your feelings often helps. You might find our booklet **Talking about cancer** helpful (see page 96). You can get advice and support from your doctor or specialist nurse too. Or you can ask them to refer you to a trained counsellor. Our cancer support specialists on **0808 808 00 00** can tell you more.

**'I became very depressed for a few weeks and I did think, "It's non-invasive. What are you making all this fuss for?". But like all other women who have had breast cancer, I've had major surgery. I've had to put up with a lot of changes to my body.'**

**Beverley**

## Support groups

Self-help or support groups offer a chance to talk to other women who understand what you are going through. You may be able to find a support group at your hospital. Ask your specialist doctor or nurse if there is one. We can also give you information about support groups in your area. You can call the Macmillan Support line on **0808 808 00 00**.

## Online support

Many people now get support through the internet. There are online support groups, social networking sites, forums, chat rooms and blogs for people affected by cancer. You can use these to share your experience, to ask questions, and to get and give advice based on your experience.

Our Online Community is a social networking site where you can chat to people on our forums. You can also blog about your journey, make friends and join support groups. Visit **[community.macmillan.org.uk](https://community.macmillan.org.uk)**

# Talking to children

Deciding what to tell children can be difficult. An open, honest approach is usually best. Even very young children can sense when something is wrong, and their fears can sometimes be worse than the reality. How much you tell children will depend on their age and how mature they are. It may be best to start by giving only small amounts of information and gradually tell them more to build up a picture of your illness.

We have more information in our booklet **Talking to children and teenagers when an adult has cancer** (see page 96).





# FINANCIAL HELP AND WORK

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# Financial help and benefits

When you are affected by cancer, you might need help with extra costs. Or you might need financial support if you have to stop working.

## Statutory Sick Pay

If you work for an employer and take time off sick, you may be able to get Statutory Sick Pay. Your employer will pay this for up to 28 weeks.

## Benefits

Benefits are payments from the government to people who need financial help. You can find out more about benefits and apply for them online. Go to **gov.uk** if you live in England, Wales and Scotland or **nidirect.gov.uk** if you live in Northern Ireland.

Here are some benefits that you might be able to get if you are affected by cancer.

## Employment and Support Allowance (ESA)

This benefit is for people under State Pension age who cannot work because of illness or disability. There are different types of ESA:

- Contribution-based ESA may be available if you have paid enough National Insurance.
- Income-related ESA may be available if your income and savings are low, or if you cannot get contribution-based ESA. Income-related ESA is gradually being replaced by a new benefit called Universal Credit.

## Personal Independence Payment

This benefit is for people aged between 16 and 64 who have problems moving around and looking after themselves. You must have had these difficulties for at least 3 months and expect them to last for at least 9 months

## Attendance Allowance

This benefit is for people aged 65 or over who have problems looking after themselves because of an illness or disability. This could mean getting out of bed, having a bath or getting dressed. You must have had these problems for at least 6 months.

## Special rules

If you are terminally ill, and your doctor thinks you may be expected to live for less than 6 months, you can apply for some benefits using a fast-track process called special rules. Your claim will be dealt with quickly and you will get the benefit you applied for at the highest rate. It does not matter if you live longer than 6 months. Your doctor or specialist nurse will need to fill out a form for you.

## Help for carers

Carer's Allowance is a weekly benefit that helps people who look after someone with a lot of care needs. If you do not qualify for it, you can apply for Carer's Credit.

Carer's Credit helps prevent gaps in your National Insurance record if you have to stop working while you are caring for someone else. You do not get money, but it protects your right to a State Pension later in life.

## Macmillan Grants

Macmillan Grants are small, mostly one-off payments to help people with the extra costs that cancer can cause. They are for people who have a low level of income and savings.

If you need things like extra clothing, help paying heating bills or even a relaxing holiday, you may be able to get a Macmillan Grant.

How much you get will depend on your situation and needs. The average grant is around £400. A grant from Macmillan would not normally affect the benefits you are entitled to. It is an extra bit of help, not a replacement for other support.

## Insurance

If you have, or have had, cancer, you may find it hard to get certain types of insurance. This includes life and travel insurance. A cancer diagnosis might also mean that you can get a payout from an insurance scheme that you already have.

If you are looking into buying insurance or making a claim, one of our financial advisers can help. Call **0808 808 00 00**.

We have more information in our booklets **Insurance** and **Travel and cancer** – see page 96. Our Online Community forum Travel insurance may also be helpful. Visit **macmillan.org.uk/travelinsurancegroup**

## More information

The benefits system and other types of financial support can be hard to understand. Macmillan has experienced welfare rights advisers and financial guides. You can speak to one by calling the Macmillan Support Line on **0808 808 00 00**.

You can also get information about benefits and other types of financial help from Citizens Advice – see page 105.

Our booklet **Help with the cost of cancer** has lots more information – see page 96.

# Work

You may not know how cancer will affect your work, now or in the future.

It is a good idea to talk to your manager early on. If your workplace has a human resources (HR) or personnel department, contact them as soon as you can. If they know how the cancer or treatment may affect your ability to work, they can support you better.

Some people stop working during cancer treatment and for a while after, until they feel ready to go back. Others carry on working, perhaps with reduced hours or other changes to their job.

Some people may decide not to go back to work. Or they may choose to do something different. Others may not be able to go back to work because of the effects of cancer on their health. Going back to work may depend on the type of work you do or how much your income is affected.

It is important not to take on too much, too soon. Your cancer doctor, GP or specialist nurse can help you decide when and if you should go back to work.

Our booklets **Work and cancer**, **Working while caring for someone with cancer** and **Self-employment and cancer** have more information that may be helpful – see page 96. There is also lots more information at [macmillan.org.uk/work](https://www.macmillan.org.uk/work)

## Employment rights

If you have, or have ever had cancer, the law considers you to be disabled. This means you cannot be treated differently (less favourably) than other people at work because of cancer. If you are treated less favourably because of cancer, this is called discrimination.

The law also says your employer has to make reasonable adjustments (changes) to your workplace and their work practices.

If you live in England, Scotland or Wales, you are protected by the Equality Act 2010. If you live in Northern Ireland, you are protected by the Disability Discrimination Act 1995.

Our booklet **Your rights at work when you are affected by cancer** has more information – see page 96.



# FURTHER INFORMATION

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# About our information

We provide expert, up-to-date information about cancer. And all our information is free for everyone.

## Order what you need

You may want to order more leaflets or booklets like this one. Visit **be.macmillan.org.uk** or call us on **0808 808 00 00**.

We have booklets on different cancer types, treatments and side effects. We also have information about work, financial issues, diet, life after cancer and information for carers, family and friends.

## Online information

All of our information is also available at **macmillan.org.uk/information-and-support**

There you'll also find videos featuring real-life stories from people affected by cancer, and information from health and social care professionals.

## Other formats

We also provide information in different languages and formats, including:

- audiobooks
- Braille
- British Sign Language
- easy read booklets
- eBooks
- large print
- translations.

Find out more at **macmillan.org.uk/otherformats**

If you'd like us to produce information in a different format for you, email us at **cancerinformationteam@macmillan.org.uk** or call us on **0808 808 00 00**.

## Help us improve our information

We know that the people who use our information are the real experts. That's why we always involve them in our work. If you've been affected by cancer, you can help us improve our information.

We give you the chance to comment on a variety of information including booklets, leaflets and fact sheets.

If you'd like to hear more about becoming a reviewer, email [reviewing@macmillan.org.uk](mailto:reviewing@macmillan.org.uk) You can get involved from home whenever you like, and we don't ask for any special skills – just an interest in our cancer information.



# Other ways we can help you

At Macmillan, we know how a cancer diagnosis can affect everything, and we're here to support you.

## Talk to us

If you or someone you know is affected by cancer, talking about how you feel and sharing your concerns can really help.

### Macmillan Support Line

Our free, confidential phone line is open 7 days a week, 8am to 8pm. Our cancer support specialists can:

- help with any medical questions you have about cancer or your treatment
- help you access benefits and give you financial guidance
- be there to listen if you need someone to talk to
- tell you about services that can help you in your area.

Call us on **0808 808 00 00** or email us via our website, **[macmillan.org.uk/talktous](https://www.macmillan.org.uk/talktous)**

## Information centres

Our information and support centres are based in hospitals, libraries and mobile centres. There, you can speak with someone face to face.

Visit one to get the information you need, or if you'd like a private chat, most centres have a room where you can speak with someone alone and in confidence.

Find your nearest centre at **[macmillan.org.uk/informationcentres](https://www.macmillan.org.uk/informationcentres)** or call us on **0808 808 00 00**.

## Talk to others

No one knows more about the impact cancer can have on your life than those who have been through it themselves. That's why we help to bring people together in their communities and online.

## Support groups

Whether you are someone living with cancer or a carer, we can help you find support in your local area, so you can speak face to face with people who understand. Find out about support groups in your area by calling us or by visiting [macmillan.org.uk/selfhelpandsupport](https://www.macmillan.org.uk/selfhelpandsupport)

## Online Community

Thousands of people use our Online Community to make friends, blog about their experiences and join groups to meet other people going through the same things. You can access it any time of day or night. Share your experiences, ask questions, or just read through people's posts at [macmillan.org.uk/community](https://www.macmillan.org.uk/community)

## The Macmillan healthcare team

Our nurses, doctors and other health and social care professionals give expert care and support to individuals and their families. Call us or ask your GP, consultant, district nurse or hospital ward sister if there are any Macmillan professionals near you.

'Everyone is so supportive on the Online Community, they know exactly what you're going through. It can be fun too. It's not all just chats about cancer.'

Mal

## Help with money worries

Having cancer can bring extra costs such as hospital parking, travel fares and higher heating bills. If you've been affected in this way, we can help.

### Financial guidance

Our financial team can give you guidance on mortgages, pensions, insurance, borrowing and savings.

### Help accessing benefits

Our benefits advisers can offer advice and information on benefits, tax credits, grants and loans. They can help you work out what financial help you could be entitled to. They can also help you complete your forms and apply for benefits.

### Macmillan Grants

Macmillan offers one-off payments to people with cancer. A grant can be for anything from heating bills or extra clothing to a much-needed break.

Call us on **0808 808 00 00** to speak to a financial guide or benefits adviser, or to find out more about Macmillan Grants.

We can also tell you about benefits advisers in your area. Visit [macmillan.org.uk/financialsupport](https://www.macmillan.org.uk/financialsupport) to find out more about how we can help you with your finances.

## Help with work and cancer

Whether you're an employee, a carer, an employer or are self-employed, we can provide support and information to help you manage cancer at work. Visit [macmillan.org.uk/work](https://www.macmillan.org.uk/work)

### Work support

Our dedicated team of work support advisers can help you understand your rights at work. Call us on **0808 808 00 00** to speak to a work support adviser (Monday to Friday, 9am to 5pm).

### Macmillan Organiser

This includes a records book to write down information such as appointments, medications and contact details. You can also download the app on IOS or Android.

# Other useful organisations

There are lots of other organisations that can give you information or support.

## DCIS support organisations

### Asian Women Cancer Group

**Tel** 07934 591384

**Email** [info@asianwomenscancergroup.co.uk](mailto:info@asianwomenscancergroup.co.uk)

**www.asianwomenscancergroup.co.uk**

Helps women of all cultures who have been affected by breast cancer. Provides the support women may need, from emotional support to financial guidance.

### Breast Cancer Care

**Tel** 0800 800 6000

**Email** [info@breastcancercare.org.uk](mailto:info@breastcancercare.org.uk)

**www.breastcancercare.org.uk**

Provides information, practical assistance and emotional support for anyone affected by breast cancer. Specialist breast care nurses run the helpline.

### Breast Cancer Care Scotland and Northern Ireland

**Tel** 0345 077 1893

**Email** [movingforward@breastcancercare.org.uk](mailto:movingforward@breastcancercare.org.uk)

### Breast Cancer Care Wales

**Tel** 0845 077 1893

**Email** [movingforward@breastcancercare.org.uk](mailto:movingforward@breastcancercare.org.uk)

### Breast Cancer Haven

**Tel** 020 7384 0000 (London)

**Email** [info@thehaven.org.uk](mailto:info@thehaven.org.uk)  
**www.breastcancerhaven.org.uk**

Havens are day centres providing support, information and complementary therapies before, during or after cancer treatment. Has a network of centres around the UK. Details of other UK Haven centres are on the website.

### **Breast Cancer Now**

**Tel** 0333 20 70 300

(Mon to Thu, 9am to 5pm,  
Fri, 9am to 4pm)

**Email** supporterengagement@  
breastcancer.org

**www.breastcancer.org**

Committed to fighting breast cancer through research and awareness.

### **Breast Cancer Now – Scotland**

**Tel** 0131 226 0763

**Email** scotland@  
breastcancer.org

### **General cancer support organisations**

#### **Cancer Black Care**

**Tel** 020 8961 4151

**www.cancerblackcare.org.uk**

Offers UK-wide information and support for people with cancer, as well as their carers, families and friends, with a focus on those from BME communities.

#### **Cancer Focus**

##### **Northern Ireland**

**Helpline** 0800 783 3339

(Mon to Fri, 9am to 1pm)

**Email** nurseline@  
cancerfocusni.org

**www.cancerfocusni.org**

Offers a variety of services to people affected by cancer in Northern Ireland, including a free helpline, counselling and links to local support groups.

#### **Cancer Research UK**

**Helpline** 0808 800 4040

(Mon to Fri, 9am to 5pm)

**www.cancerresearchuk.org**

A UK-wide organisation that has patient information on all types of cancer. Also has a clinical trials database.

#### **Cancer Support Scotland**

**Tel** 0800 652 4531

(Mon to Fri, 9am to 5pm)

**Email** info@  
cancersupportscotland.org

**www.cancersupport  
scotland.org**

Runs cancer support groups throughout Scotland. Also offers free complementary therapies and counselling to anyone affected by cancer.

### **Maggie's Centres**

**Tel** 0300 123 1801

**Email** enquiries@  
maggiescentres.org

**www.maggiescentres.org**

Has a network of centres in various locations throughout the UK. Provides free information about cancer and financial benefits. Also offers emotional and social support to people with cancer, their family, and friends.

### **Penny Brohn UK**

**Helpline** 0303 3000 118

(Mon to Fri, 9.30am to 5pm)

**Email** helpline@pennybrohn.  
org.uk

**www.pennybrohn.org.uk**

Offers a combination of physical, emotional and spiritual support across the UK, using complementary therapies and self-help techniques.

### **Tenovus**

**Helpline** 0808 808 1010

(Daily, 8am to 8pm)

**Email** info@tenovuscancercare.  
org.uk

**www.tenovuscancercare.org.uk**

Aims to help everyone in the UK get equal access to cancer treatment and support. Funds research and provides support such as mobile cancer support units, a free helpline, benefits advice and an online 'Ask the nurse' service.

### **General health information**

#### **Health and Social Care in Northern Ireland**

**www.hscni.net**

Provides information about health and social care services in Northern Ireland.

#### **NHS Direct Wales**

**www.nhsdirect.wales.nhs.uk**

NHS health information site for Wales.

## **NHS.UK**

### **www.nhs.uk**

The UK's biggest health information website.

Has service information for England.

## **NHS Inform**

### **Helpline** 0800 22 44 88

(Mon to Fri, 8am to 10pm,  
Sat and Sun, 9am to 5pm)

### **www.nhsinform.scot**

NHS health information site for Scotland.

## **Patient UK**

### **www.patient.info**

Provides people in the UK with information about health and disease. Includes evidence-based information leaflets on a wide variety of medical and health topics. Also reviews and links to many health and illness-related websites.

## **Counselling**

### **British Association for Counselling and Psychotherapy (BACP)**

**Tel** 01455 883 300

**Email** [bacp@bacp.co.uk](mailto:bacp@bacp.co.uk)

Promotes awareness of counselling and signposts people to appropriate services across the UK. You can search for a qualified counsellor at **[itsgoodtotalk.org.uk](http://itsgoodtotalk.org.uk)**

## **UK Council for Psychotherapy (UKCP)**

**Tel** 020 7014 9955

**Email** [info@ukcp.org.uk](mailto:info@ukcp.org.uk)

### **www.psychotherapy.org.uk**

Holds the national register of psychotherapists and psychotherapeutic counsellors, listing practitioners who meet exacting standards and training requirements.

## **Emotional and mental health support**

### **Mind**

**Helpline** 0300 123 3393

(Mon to Fri, 9am to 6pm)

**Text** 86463

**Email** [info@mind.org.uk](mailto:info@mind.org.uk)

### **www.mind.org.uk**

Provides information, advice and support to anyone with a mental health problem through its helpline and website.

**Samaritans****Helpline** 116 123**Email** [jo@samaritans.org](mailto:jo@samaritans.org)**www.samaritans.org**

Samaritans branches are located across England, Ireland, Scotland and Wales. Provides confidential and non-judgemental emotional support, 24 hours a day, 365 days a year, for people experiencing feelings of distress or despair.

**Financial or legal advice and information****Benefit Enquiry Line****Northern Ireland****Helpline** 0800 220 674

(Mon, Tue, Wed and Fri, 9am to 5pm, Thu, 10am to 5pm)

**Textphone** 028 9031 1092**www.nidirect.gov.uk/money-tax-and-benefits**

Provides information and advice about disability benefits and carers' benefits in Northern Ireland.

**Citizens Advice**

Provides advice on a variety of issues including financial, legal, housing and employment issues. Use its online webchat, find details for your local office in the phone book, or contact:

**England****Helpline** 03444 111 444**www.citizensadvice.org.uk****Scotland****Helpline** 0808 800 9060**www.citizensadvice.org.uk/scotland****Wales****Helpline** 03444 77 2020**www.citizensadvice.org.uk/wales****Northern Ireland****Helpline** 028 9023 1120**www.citizensadvice.co.uk****Civil Legal Advice****Helpline** 0345 345 4345

(Mon to Fri, 9am to 8pm, Sat, 9am to 12.30pm)

**Minicom** 0345 609 6677**www.gov.uk/civil-legal-advice**

Has a list of legal advice centres in England and Wales and solicitors that take legal aid cases. Offers a free translation service if English is not your first language.

## **Department for Work and Pensions (DWP)**

### **Personal Independence Payment (PIP)**

**Helpline** 0345 850 3322

(Mon to Fri, 8am to 6pm)

**Textphone** 0345 601 6677

### **Carer's Allowance Unit**

**Tel** 0800 731 0297

**Textphone** 0800 731 0317

(Mon to Thu, 8.30am to 5pm,  
Fri, 8.30am to 4.30pm)

**[www.gov.uk/browse/benefits](http://www.gov.uk/browse/benefits)**

Manages state benefits in England, Scotland and Wales. You can apply for benefits and find information online or through its helplines.

### **GOV.UK**

**[www.gov.uk](http://www.gov.uk)**

Has information about social security benefits and public services in England, Scotland and Wales.

### **Money Advice Scotland**

**Tel** 0141 572 0237

**Email** [info@](mailto:info@moneyadvicescotland.org.uk)

[moneyadvicescotland.org.uk](http://moneyadvicescotland.org.uk)

**[www.moneyadvicescotland.org.uk](http://www.moneyadvicescotland.org.uk)**

Use the website to find qualified financial advisers in Scotland.

### **National Debtline (England, Scotland and Wales)**

**Tel** 0808 808 4000

(Mon to Fri, 9am to 8pm,  
and Sat, 9.30am to 1pm)

**[www.nationaldebtline.org](http://www.nationaldebtline.org)**

A national helpline for people with debt problems. The service is free, confidential and independent. Has an online chat service with an expert debt advisor.

### **NIDirect**

**[www.nidirect.gov.uk](http://www.nidirect.gov.uk)**

Has information about benefits and public services in Northern Ireland.

### **Personal Finance Society – 'Find an Adviser' service**

**[www.thepfs.org/yourmoney/find-an-adviser](http://www.thepfs.org/yourmoney/find-an-adviser)**

Use the website to find qualified financial advisers in your area of the UK.

## The Money Advice Service Helpline

0800 138 7777 (English)  
0800 138 0555 (Welsh)  
(Mon to Fri, 8am to 8pm,  
Sat, 9am to 1pm)

### Typetalk

18001 0300 500 5000

**Email** enquiries@  
moneyadvice.service.org.uk

**www.moneyadvice.service.org.uk**

Runs a free financial health check service and gives advice about all types of financial matters across the UK. Has an online chat service for instant money advice.

## Unbiased.co.uk

**Helpline** 0800 023 6868

**Email** contact@unbiased.co.uk

**www.unbiased.co.uk**

You can search the website for qualified advisers in the UK who can give expert advice about finances, mortgages, accounting or legal issues.

## Equipment and advice on living with a disability

### British Red Cross

**Tel** 0344 871 11 11

**Textphone** 020 7562 2050

**Email** contactus@redcross.org.uk

**www.redcross.org.uk**

Offers a range of health and social care services across the UK, such as care in the home, a medical equipment loan service and a transport service.

### Disability Rights UK

**Tel** 0330 995 0400

**Email** enquiries@  
disabilityrightsuk.org

**www.disabilityrightsuk.org**

Provides information on social security benefits and disability rights in the UK. Has a number of helplines for specific support, including information on going back to work, direct payments, human rights issues, and advice for disabled students.

## Support for older people

### Age UK

**Helpline** 0800 055 6112  
(Daily, 8am to 7pm)

**www.ageuk.org.uk**

Provides information and advice for older people across the UK via the website and advice line. Also publishes impartial and informative fact sheets and advice guides.

## LGBT-specific support

### LGBT Foundation

**Tel** 0345 330 3030  
(Mon to Fri, 10am to 10pm,  
Sat 10am to 6pm)

**Email** [helpline@lgbt.foundation](mailto:helpline@lgbt.foundation)

**www.lgbt.foundation**

Provides a range of services to the LGBT community, including a helpline, email advice and counselling. The website has information on various topics including sexual health, relationships, mental health, community groups and events.

## Support for carers

### Carers Trust

**Tel** 0300 772 9600  
(Mon to Fri, 9am to 5pm)

**Email** [info@carers.org](mailto:info@carers.org)

**www.carers.org**

Provides support, information, advice and services for people caring at home for a family member or friend. You can find details for UK offices and search for local support on the website.

## Disclaimer

We make every effort to ensure that the information we provide is accurate and up to date but it should not be relied upon as a substitute for specialist professional advice tailored to your situation. So far as is permitted by law, Macmillan does not accept liability in relation to the use of any information contained in this publication, or third-party information or websites included or referred to in it. Some photos are of models.

## Thanks

This booklet has been written, revised and edited by Macmillan Cancer Support's Cancer Information Development team. It has been approved by our Senior Medical Editor, Dr Rebecca Roylance, Consultant Medical Oncologist.

With thanks to: Morven Angus, Lead Breast Clinical Nurse Specialist; Dr Sophie Barrett, Consultant Medical Oncologist; Ms Joanna Franks, Consultant Breast and Oncoplastic Surgeon; Mr Michael Hallissey, Consultant Surgeon; Catherine Richmond, Therapy Radiographer; Dr Elinor Sawyer, Consultant Clinical Oncologist; Ms Karyn Shenton, Breast and Oncoplastic Consultant; and Catherine Walsh, Breast Care Nurse Specialist.

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We welcome feedback on our information. If you have any, please contact **[cancerinformationteam@macmillan.org.uk](mailto:cancerinformationteam@macmillan.org.uk)**

## Sources

We have listed a sample of the sources used in the booklet below. If you would like further information about the sources we use, please contact us at **[cancerinformationteam@macmillan.org.uk](mailto:cancerinformationteam@macmillan.org.uk)**

European Society for Medical Oncology. Primary breast cancer: ESMO clinical practice guidelines for diagnosis, treatment and follow-up. *Annals of oncology* 26 (supplement 5): v8–v30. 2015.

Morrow, et al. Chapter 79: malignant tumors of the breast. In DeVita, Hellman and Rosenberg, *Cancer: principals and practice of oncology* (10<sup>th</sup> edition). Lippincott Williams and Wilkins. 2014.

National Institute for Health and Care Excellence (NICE). Early and locally advanced breast cancer: diagnosis and management. 2018.

Scottish Intercollegiate Guidelines Network. SIGN 134. Treatment of primary breast cancer: a national clinical guideline. 2013.

# Can you do something to help?

We hope this booklet has been useful to you. It's just one of our many publications that are available free to anyone affected by cancer. They're produced by our cancer information specialists who, along with our nurses, benefits advisers, campaigners and volunteers, are part of the Macmillan team. When people are facing the toughest fight of their lives, we're there to support them every step of the way.

We want to make sure no one has to go through cancer alone, so we need more people to help us. When the time is right for you, here are some ways in which you can become a part of our team.



## **Share your cancer experience**

Support people living with cancer by telling your story, online, in the media or face to face.

## **Campaign for change**

We need your help to make sure everyone gets the right support. Take an action, big or small, for better cancer care.

## **Help someone in your community**

A lift to an appointment. Help with the shopping. Or just a cup of tea and a chat. Could you lend a hand?

## **Raise money**

Whatever you like doing you can raise money to help. Take part in one of our events or create your own.

## **Give money**

Big or small, every penny helps. To make a one-off donation see over.

**Call us to find out more**

**0300 1000 200**

**[macmillan.org.uk/getinvolved](http://macmillan.org.uk/getinvolved)**

## Please fill in your personal details

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Please accept my gift of £

(Please delete as appropriate)

I enclose a cheque / postal order / Charity Voucher made payable to Macmillan Cancer Support

OR debit my:

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## Don't let the taxman keep your money

Do you pay tax? If so, your gift will be worth 25% more to us – at no extra cost to you. All you have to do is tick the box below, and the tax office will give 25p for every pound you give.

- I am a UK tax payer and I would like Macmillan Cancer Support to treat all donations I make or have made to Macmillan Cancer Support in the last 4 years as Gift Aid donations, until I notify you otherwise.

I understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. I understand Macmillan Cancer Support will reclaim 25p of tax on every £1 that I give.

Macmillan Cancer Support and our trading companies would like to hold your details in order to contact you about our fundraising, campaigning and services for people affected by cancer. If you would prefer us not to use your details in this way please tick this box.

In order to carry out our work we may need to pass your details to agents or partners who act on our behalf.



If you'd rather donate online go to [macmillan.org.uk/donate](https://macmillan.org.uk/donate)

Please cut out this form and return it in an envelope (no stamp required) to: Supporter Donations, Macmillan Cancer Support, FREEPOST LON15851, 89 Albert Embankment, London SE1 7UQ

**This booklet is about ductal carcinoma in situ (DCIS). It is for anyone who has been diagnosed with DCIS. There is also information for family members and friends. DCIS is the earliest possible form of breast cancer.**

**The booklet explains the signs and symptoms of DCIS. It also explains the different treatments and ways to cope with some of the feelings you may have.**

We're here to help everyone with cancer live life as fully as they can, providing physical, financial and emotional support. So whatever cancer throws your way, we're right there with you. For information, support or just someone to talk to, call **0808 808 00 00** or visit **macmillan.org.uk**

Would you prefer to speak to us in another language? Interpreters are available. Please tell us in English the language you would like to use. Are you deaf or hard of hearing? Call us using NGT (Text Relay) on **18001 0808 808 00 00**, or use the NGT Lite app.

Need information in different languages or formats? We produce information in audio, eBooks, easy read, Braille, large print and translations. To order these, visit **macmillan.org.uk/otherformats** or call our support line.

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