Record Status
This is a bibliographic record of a published health technology assessment. No evaluation of the quality of this assessment has been made for the HTA database.

Citation

Authors' objectives
Ductal carcinoma in situ (DCIS), commonly referred to as stage 0 breast cancer, is defined as neoplastic proliferation of epithelial cells that are confined to the mammary ductal-lobular system. Advancements in routine screening mammography have seen a substantial increase in the number of DCIS cases diagnosed each year, yet the prognosis for a woman diagnosed with DCIS is not well defined. Current recommended treatment guidelines for DCIS include lumpectomy plus radiation, total mastectomy, or lumpectomy without radiation. Postsurgical treatment guidelines include the use of endocrine therapy and counseling for risk reduction, and physical examination/mammography every 6 to 12 months for 5 years. This uncertainty in prognosis results in inadequate treatment with elevated risk for recurrence of DCIS or other invasive breast carcinoma for some patients, and unnecessary treatment with risk of serious side effects for others; therefore, prognostic tools that reliably differentiate patients at high risk of recurrence from those at lower risk would be beneficial. The focus of this report is to assess the evidence that supports the use of the Oncotype DX DCIS assay (Genomic Health Inc.).

Final publication URL
The report may be purchased from: http://www.hayesinc.com/hayes/crd/?crd=48446

Indexing Status
Subject indexing assigned by CRD

MeSH
Humans; Breast Neoplasms; Carcinoma, Intraductal, Noninfiltrating; Receptors, Estrogen

Language Published
English

Country of organisation
United States

English summary
An English language summary is available.

Address for correspondence
HAYES, Inc., 157 S. Broad Street, Suite 200, Lansdale, PA 19446, USA. Tel: 215 855 0615; Fax: 215 855 5218 Email: hayesinfo@hayesinc.com

AccessionNumber
32017000085

Date abstract record published
06/01/2017