

## Background

Some forms of DCIS may never become invasive breast cancer, but women with those forms of DCIS are confused about why they need treatment and anxious about their risk of breast cancer. This study identified ideal labels, language and other strategies to improve communication about low-risk forms of DCIS.

## Methods

A panel of 17 women who had DCIS and 20 healthcare professionals from across Canada were surveyed to rate DCIS labels, language and other strategies identified in prior research. We retained items if **80% or more** of panelists agreed on their importance.

## Panelist Characteristics

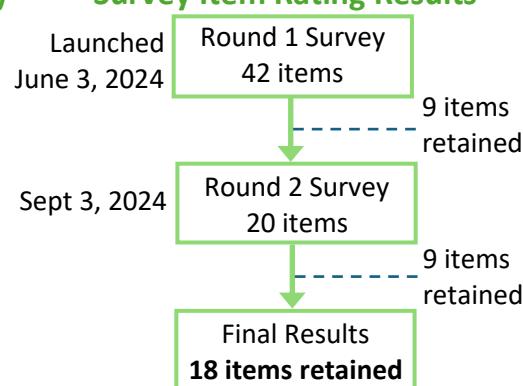
### Women who had DCIS (n=17)

Race	n (%)
White	10 (58.8)
Non-white (Middle Eastern, South Asian, East Asian, Black)	7 (41.2)
Age (years)	n (%)
≤50	6 (35.3)
51-64	10 (58.8)
≥65	1(5.9)

### Healthcare Professionals (n=20)

Specialty	n (%)
Surgical Oncology	7 (35.0)
Radiation Oncology	4 (20.0)
Family Physician	3 (15.0)
Pathologist	2 (10.0)
Medical Oncology	1 (5.0)
General Surgeon	1 (5.0)
Screening Manager	1 (5.0)
Researcher/Scientist	1 (5.0)

### Survey Item Rating Results



### Items that panelists agreed were important

Labels for DCIS 0/14 labels retained	Language to explain DCIS 3/7 strategies retained	Other Strategies 9/13 strategies retained
<ul style="list-style-type: none"> <li>- Women preferred “abnormal cells” as label for DCIS</li> <li>- Professionals preferred labels that referred to cancer (e.g.. pre-cancer, stage 0 breast cancer)</li> </ul>	<ul style="list-style-type: none"> <li>- Use plain language that patients will understand</li> <li>- Address risks and outcomes of DCIS diagnosis</li> <li>- Explain DCIS is not invasive breast cancer and is unlikely to spread</li> </ul>	<ul style="list-style-type: none"> <li>- Interpreters for patients with English as second language</li> <li>- Provide patients with DCIS-specific print and online resources</li> </ul>

## Conclusion

Prior research recommended changing the DCIS label, but had not fully explored label preferences, or identify other ways to improve communication about DCIS. Clearly, changing the DCIS label alone is insufficient. These results could be promoted by advocacy groups and professional societies to physicians so that they employ language and other strategies that may reduce confusion and anxiety among women with DCIS.

### For more information:

Dr. Anna R Gagliardi, PhD  
Senior Scientist, Toronto General  
Hospital Research Institute  
Professor, University of Toronto

[anna.gagliardi@uhn.ca](mailto:anna.gagliardi@uhn.ca)  
<https://ARGLab.ca>