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Is axillary evaluation still necessary in ductal carcinoma in situ?

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Objective: The objective was to evaluate the surgical approach in the axilla (SNB or axillary dissection – AD) of patients diagnosed with ductal carcinoma in situ (DCIS) in a single institution and describe the surgical treatment (mastectomy or breast conservative surgery – BCS). **Methodology:** This was a retrospective analysis of DCIS in a reference center from January 2011 to December 2019. The patients were split into three age groups: under 40, 40–49, and 50 years or older and we analyzed the type of breast and axillary surgery, as the method of diagnostic and pathologic characteristics of that lesion after surgery. **Results:** Our sample included 494 patients who underwent core biopsy or vacuum-guided biopsy guided by mammography or ultrasound and were diagnosed with DCIS and underwent surgical treatment. DCIS was diagnosed through mammographic alterations in 61.5% of all cases and nuclear grade 2 was the most common (48.3%). Comedonecrosis was present in 77.9% of our specimens. The BCS was made in 72.9% of the cases, with the axillary approach being performed in 34.7%. When a mastectomy was made, 92.5% were submitted to the axillary approach, showing a strong correlation between the type of surgery and axillary approach ($p<0.001$). Patients younger than 40 years were more likely to undergo an axillary evaluation regardless of the type of surgery ($p=0.015$). In only 3.2% of cases (16 in 494), we had an upstage to invasive carcinoma and none of them had a lymph node involvement. **Conclusion:** Our results showing no axillary involvement should be taken into account when deciding to evaluate the axilla in DCIS. The cost, mobility, and complications of the surgical treatment in these patients can help us stop evaluating the axilla.

Keywords: ductal carcinoma *in situ*; axillary approach; sentinel node biopsy; axillary dissection.