








ASO Visual Abstract: Predicting Lymph Node Metastases in Patients with Biopsy-Proven Ductal Carcinoma In Situ of the Breast: Development and Validation of the DCIS-met Model

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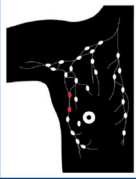
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The individual risk for lymph node metastasis of patients with biopsy-proven ductal carcinoma in situ (DCIS) can be calculated with the “DCIS-met model.” The model is available online and is based on factors available in daily clinical practice (<https://doi.org/10.1245/s10434-022-12900-7>).

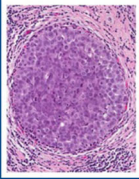
Model for predicting metastases for biopsy dcis: <https://www.evidencio.com/models/show/1858>
#DCIS #metastases @UTwenteHTSR

DCIS-Met Model for Predicting Metastases

Axillary staging



For biopsy-proven DCIS



Hypothesis: a model based on factors available in daily clinical practice can predict lymph node metastasis

Study used registry based data of NCR and PALGA

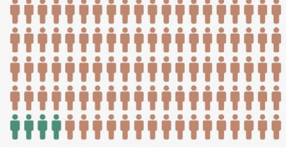
Development cohort:

Population based development cohort

2,892 biopsy-proven DCIS resected, period 2011-2012


127 metastases: 4.4%

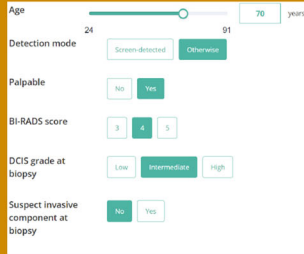
4/100



Performance: AUC 0.745

Web tool to predict metastases; model 1858 at www.evidencio.com



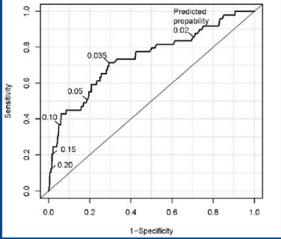


Predicted risk of metastases: **5.3%**

Validation cohort:

2,396 biopsy-proven DCIS resected, period 2016-2019

53 metastases: 2.2%



Performance: **AUC 0.741**

Thus, the model can support clinical decisions for staging.

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 Visual Abstract by @UTwenteTSR for @AnnSurgOncol

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DISCLOSURE The authors declare that they have no conflict of interest.

ETHICAL APPROVAL Datasets were used, and the use of these datasets was approved by the scientific committee of PALGA (14.025

LZV1073 and LZV 2019-57) and the Privacy Review Board of IKNL (K14.021 and K19.199). The research was not subject to the Dutch Medical Research Involving Human Subjects Act (WMO).

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