Introduction. The role of radiotherapy (RT) after breast-conserving surgery (BCS) in ductal carcinoma in situ (DCIS) has been well established after 4 randomized trials in decreasing local recurrence rate, but its use still remains controversial.

Objectives. We study the DCIS features and treatment modalities in Catalonia (C) and we compare them with the French (F) experience for the similar prognostic patients sub-groups.

Methods. Cases were compared according to prognosis factors and therapeutic procedures. Both cohorts were observational and prospective. The period studied was from March 2003 to April 2004 \( n = 1289 \) from 77 hospitals in F and during all 2005 \( n = 250 \) from 12 centres in C (only 2 centres reported the M).

Results. The median age was similar in both cohorts (57a). MRI was applied in 16% of the cases in C and not available in F. High nuclear grade was 57.5% in C vs 40.5% in F \( (p < 0.05) \). Median tumour size was 15.8 mm, 37.5 mm in mastectomy (M) in C and 14.5 mm, 35 mm in M in F \( (p > 0.05) \). Comedonecrosis presence was 54% in C and 24% in F \( (p < 0.05) \). Free-margins \( \geq 3 \) mm were 30.6% in C and 38.3% in F \( (p > 0.05) \). Surgery modalities: M in C 11% vs 30.5% in F \( (p < 0.05) \). BCS 89% in C vs 69.5% in F \( (p < 0.05) \). BCS + RT 78% in C vs 62% in F \( (p < 0.05) \). Boost 49% in C vs 53% in F \( (p < 0.05) \). Immediate reconstruction (IR): 42% in C (83% < 50 y) vs 55% in F (80% < 40 y) \( (p < 0.05) \). Oestrogen receptor (ER) evaluation: 75% in C vs 31% in F \( (p < 0.05) \). ER + 74% in C vs 70% in F \( (p > 0.05) \). Hormonotherapy 51% in C vs 13% in F \( (p < 0.05) \).

Conclusions. The DCIS management in Catalonia differs from France in MRI use, frequency of M (data obtained bias in C), more proportion of BCS and BCS + RT in C even more boost in F although unfavourable histological factors in C. When M was applied the use of IR is more frequent in F. ER determination was more frequent in C and even the hormonotherapy.

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