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Letter

UK Experience of Hypofractionated Radiotherapy for Ductal Carcinoma *in Situ*

Madam — The use of hypofractionated radiotherapy for patients with ductal carcinoma *in situ* (DCIS) is based on its effectiveness in invasive breast carcinoma [1]. The selection of patients who benefit most from radiotherapy after breast-conserving surgery for DCIS remains controversial [2]. Radiotherapy reduces the risk of ipsilateral breast relapse but there is no survival benefit and radiotherapy has definite morbidity [3]. There are data supporting the use of hypofractionated radiotherapy from Canadian centres [4] but there are limited UK data [2]. Furthermore, the UK Sloane Project has a large and useful database, but does not address the specific issue of hypofractionated radiotherapy in DCIS [2].

We reviewed the 5-year outcome data from The Christie Hospital (Manchester, UK) to validate its use in a UK population. Between 2012 and 2013, 102 patients were referred following breast-conserving surgery for DCIS. Ninety-two patients received adjuvant whole breast radiotherapy (40 Gy/15 daily fractions). Criteria for radiotherapy included those patients with high-grade DCIS $\geq$ 10 mm and intermediate-grade DCIS $\geq$ 20 mm. At a median follow-up of 59 months, 5.6% of women (5/89) had an ipsilateral breast event: three (3.4%) were DCIS and two (2.2%) were invasive ductal carcinoma; 2.2% (2/89) developed contralateral invasive breast carcinoma (both oestrogen receptor positive on no adjuvant endocrine therapy). One patient developed metastatic disease from a previous contralateral invasive breast carcinoma. All patients with an ipsilateral breast event were successfully treated with salvage surgery (mastectomy). These results are in keeping with previous ipsilateral breast recurrence rates reported in the literature for conventional fractionation regimens [3]. Of note, 98% (90/92) of patients who underwent radiotherapy had a USC/VNPI score (University of Southern California/Van Nuys Prognostic Index) $\geq$ 7, where an ipsilateral breast relapse rate without radiotherapy is expected to be 26.5% [5].

This audit reports a UK experience of treatment of DCIS using hypofractionated radiotherapy showing good outcomes in patients at higher risk of relapse, validating its continued use in this setting.

Conflict of interest

The authors declare no conflict of interest.

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