

Ductal carcinoma *in situ* is presumably not a metastatic disease: a reply to “Commentary: Wherein the authors attempt to minimize the confusion generated by their study ‘Breast cancer mortality after a diagnosis of ductal carcinoma *in situ*’ by several commentators who disagree with them and a few who don’t: a qualitative study”

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Ductal carcinoma *in situ* (DCIS) is presumably not a metastatic disease¹. Missed invasive cancer was proposed² as an explanation for the finding of Narod *et al.*³ of mortality due to breast cancer after the excision of DCIS and without the occurrence of invasive breast cancer in either breast. However, Narod replied that the concept of “missed invasive cancer” was without evidence⁴.

The original authors continue to advocate⁵ that their retrospective database study³ contains data of sufficient quality to suggest that DCIS is a metastatic disease. However, the pathology literature provides evidence that invasive cancer has been missed⁶. A missed diagnosis of invasive breast cancer and subsequent reporting as DCIS would account for the findings of Narod *et al.*³ while concomitantly reflecting the known limitations of tissue sampling for histopathologic analysis⁶.

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CONFLICT OF INTEREST DISCLOSURES

I have read and understood *Current Oncology's* policy on disclosing conflicts of interest, and I declare that I have none.

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