Abstract

For many tumor entities, especially those of the breasts, an intraductal carcinoma is generally understood to be a precursor lesion, which facultatively precedes the emergence of an invasive carcinoma. Particularly also in breast diagnostics, in addition to the parameters of invasive carcinomas information on the spread and nature of an intraductal component have always played a special therapy-modulating role. This is different with respect to the prostate, whereby although the same term exists and has long been propagated by some, it is rare and is used inconsistently. This is certainly due not only to the simplified therapy options of prostate cancer, in which focal and organ-preserving therapies so far still play a subordinate role, but also in the substantial interobserver variation and the inconsistent understanding of intraductal carcinomas. This article gives a brief review of the currently available literature on the topic and explains why it is worthwhile diagnosing these lesions. In contrast to the breasts, intraductal carcinoma of the prostate represents a predominantly post-invasive lesion, in which a suitably applicable, mostly aggressive tumor breaches the pre-existing duct system; however, in rare cases it seems that a true precursor lesion could be involved.

KEYWORDS: Diagnostic criteria; Interobserver variation; Postinvasive lesion; Precursor lesion; Therapy options

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