Correlation between the DCIS Score value and traditional clinicopathologic features in the prospectively-designed Ontario population-based validation study

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Table 3. DCIS Score Correlations with Clinical and Pathology Characteristics

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>DCIS Score Group</th>
<th>Age ≥ 50</th>
<th>High Grade</th>
<th>Age ≥ 20</th>
<th>Multifocality</th>
</tr>
</thead>
<tbody>
<tr>
<td>DCIS Score</td>
<td>Low (≤20)</td>
<td>0.018</td>
<td>1.0</td>
<td>0.689</td>
<td>0.474</td>
</tr>
<tr>
<td></td>
<td>Intermediate (20 ≤ 30)</td>
<td>0.018</td>
<td>0.535</td>
<td>0.474</td>
<td>0.535</td>
</tr>
<tr>
<td></td>
<td>High (&gt;30)</td>
<td>0.018</td>
<td>2.0</td>
<td>0.474</td>
<td>2.0</td>
</tr>
</tbody>
</table>

The DCIS Score results were only moderately correlated with clinical-pathologic variables. ( Spearman correlations 0--4.0).

CONCLUSIONS

The DCIS Score results are associated with the risk of overall LR and invasion LR in a population of patients with pure DCIS treated with BCS alone.

The DCIS patients treated with BCS alone. The score was found to be a significant predictor of LR risk in patients treated with BCS alone. The results were evaluated as a continuous score (0–100) and by pre-specified risk groups (low, intermediate, high risk).

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REFERENCES


