# Data Dictionary coding for Pleomorphic Lobular Carcinoma in situ (PLCIS)

| Version Control  |  |
| --- | --- |
| Date developed by CAC:  | 9 February 2017  |
| Date of PMG endorsement:  | 23 June 2017  |
| Version #:  | 1.0  |
| Date last updated:  | June 2017  |

## Background

The BreastScreen Australia Data Dictionary is intended to be the authoritative source of data definitions used by BreastScreen Australia.

Currently the Data Dictionary includes PLCIS in the non malignant category. PLCIS is a variant of LCIS with grade 3 nuclei +/- necrosis.

The unanimous advice from the editors of the World Health Organization’s blue book on breast pathology is that PLCIS should be coded as malignant.

The CAC discussed management of LCIS and its variants:

* Classical LCIS is usually not a surgical disease. Risk reduction interventions may be undertaken. In some cases, surgery is chosen. In view of the long term increased risk of breast cancer closer surveillance is advised.
* PLCIS is commonly managed as per DCIS, with excision to negative margins. There are too few data to determine the role of radiation therapy for PLCIS.
* Less common subtypes of LCIS, such as mass forming or necrotising LCIS are treated with excision (as with ADH), but not treated as malignant and not listed in the Data Dictionary or AIHW cancer statistics.

Identifying other variants of LCIS by description in the Data Dictionary may be useful in contributing to future knowledge of these rare lesions.

The CAC reviewed literature from AIHW 2015, BreastScreen Australia data dictionary: version 1.1. Cancer series no. 92. Cat. no. CAN 90. Canberra: [AIHW](https://www.aihw.gov.au/reports/cancer-screening/breastscreen-australia-data-dictionary-version-1/contents/table-of-contents), viewed 7 December 2016. (http://www.aihw.gov.au/publication-detail/?id=60129550293).

The CAC consulted with the United Kingdom Coordinating Committee for Breast Pathology and co-editors of the World Health Organization publication: *WHO Classification of Tumours of the Breast.*

The CAC reviewed guidelines from Cancer Australia 2016, *Clinical guidance for the management of lobular carcinoma in situ.*

## CAC decision/recommendation

It is important to code PLCIS and variants of LCIS appropriately in the Data Dictionary. This will allow accurate collection of data, and also distinguish treatment modalities for different clinical situations.

The Data Dictionary should include:

* Classical LCIS (pre-malignant)
* PLCIS (malignant)
* Other LCIS variant (pre-malignant) (with space for a description of the variant).

*This advice is clinical guidance for the BreastScreen Australia Program for consideration and suggested implementation within each jurisdiction.*