DOI: 10.29289/259453942018V28S1086

MICROINVASIVE CARCINOMA INITTIALY LABELED AS IN SITU

Ruffo Freitas-Junior¹, Nayara A. F. Lemos², Nilceana M. A. Freitas³, Marise A. R. Moreira⁴, Edésio Martins², José Carlos de Oliveira⁵, Carleane M. B. Silva⁵

¹Breast Program, Universidade Federal de Goiás (UFG) – Goiânia (GO), Brazil.

²Health Science Post-graduate Program of the Medical College, UFG – Goiânia (GO), Brazil.

³Department of Radiotherapy, Araújo-Jorge Hospital, Association for the Combat of Cancer – Goiânia (GO), Brazil.

⁴Department of Medicine, UFG – Goiânia (GO), Brazil.

⁵Goiânia Population-Based Cancer Registry – Goiânia (GO), Brazil.

Carcinoma microinvasors are frequently found in the records of ductal carcinoma *in situ* (DCIS) cases, a factor that may favor non-effective treatment. Survival differs in cases of microinvasion due to the possibility of metastasis. **Purpose:** was to characterize cases of microinvasive carcinoma transcribed as *in situ* and subsequent comparison of survival of these cases in relation to cases of DCIS. **Methods:** We used a secondary database of the Registry of Cancer Population Base of Goiânia and data of the city hall of that city. **Results:** The mean size of the microinvasive lesions associated with DCIS was 1.3 cm, with foci of invasion <1.0 mm, the majority of the positivity for estrogen and progesterone receptors corresponded to 28.6% and for HER2 14, 3%. In addition, 33% of these cases had impaired margins. **Conclusion:** attention different from DCIS should be given to microinvasive carcinoma with regard to registration and diagnosis.