

Table 1. Summary of the COMET study treatment approaches

	Surgery	Active Monitoring
Treatment approach	<ul style="list-style-type: none"> • An operation to remove the DCIS 	<ul style="list-style-type: none"> • Regular monitoring of the DCIS
Aim of treatment approach	<ul style="list-style-type: none"> • To remove the DCIS, which may lower the risk of invasive breast cancer 	<ul style="list-style-type: none"> • To monitor the DCIS with regular mammograms, to avoid surgery unless or until there is evidence of invasive breast cancer
Details of treatment approaches	<ul style="list-style-type: none"> • Surgery can be a lumpectomy or mastectomy operation, depending on the size of the DCIS, recommendation of the surgeon and patient preference. Lumpectomy: a portion of the breast containing the DCIS is removed. Mastectomy: the whole breast containing the DCIS is removed. • Radiation therapy may also be given, based on discussion with your doctor that incorporates information such as your medical history, what surgery you had, and the pathology findings. 	<ul style="list-style-type: none"> • A check-up and mammogram six months after you join the study. The mammogram will check for changes in the breast. • If there are no changes, you can stay on Active Monitoring and return in six months for the next mammogram and check-up. • If there are changes seen, they would be discussed with you and you might have a biopsy. • Your options would be to stay on Active Monitoring or change to have surgery.
Hospital stays and visits	<ul style="list-style-type: none"> • Lumpectomy is generally an outpatient surgery. You go home the same day. • Mastectomy for DCIS may be done as an outpatient, or you may stay overnight. • If the breast is reconstructed, this lengthens the initial hospital stay to 3-5 days and you may require further operations, with recovery each time. • Radiation treatment generally requires daily visits over 3 to 6 weeks. You lie on a table and radiation is targeted to the breast or chest. You will not feel the treatment itself. • You will have check-ups after surgery, a check-up every six months and a mammogram every year. 	<ul style="list-style-type: none"> • You will have a visit for a mammogram six months after joining the study. • You will have an appointment to discuss the findings with the specialist. • If you stay on Active Monitoring, you will need to return every six months for a mammogram and check-up. • If you have changes on a mammogram, you may need further tests such as a biopsy. • If the tests suggest invasive cancer, you will be recommended to have surgery, with or without radiation therapy. • See the left-hand column for details of surgery and radiation.
Time off work or usual activities	<ul style="list-style-type: none"> • With lumpectomy or mastectomy, most people need 1-3 weeks off work after the surgery. • With breast reconstruction, most people need 3-6 weeks or more off work after each surgery. • With radiation, some people may need 2-4 weeks off work, starting toward the end of treatment 	<ul style="list-style-type: none"> • There is no recovery time. • You will need to take an hour or two out of your work and usual activities for the mammogram and check-ups every six months.

Endocrine therapy

- Can be taken to block hormones that are associated with cancer growth. You can discuss this option with your doctor.

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