

## İNVAZİF MEME KANSERİNDE RADYASYON TEDAVİSİ

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### Giriş

Meme kanseri kadınlar arasında en sık görülen kanserdir ve kansere bağlı ölümler arasında akciğer kanserinin ardından ikinci sırada gelmektedir. Amerikan Kanser Derneği 2020 yılı için, 279.100 Amerikalı'nın meme kanseri tanısı alacağı ve 42.690 hastanın da meme kanserine bağlı kaybedilecekleri tahmininde bulunmuştur (1). Ülkemizde de meme kanseri kadınlar arasında görülen kanserler içinde 41.6/100.000 oranı ile ilk sırada yer almakta olup görülme yaşı giderek düşmektedir (2).

Meme tümörlerinin çoğunun etiolojisi tam olarak bilinmemekle birlikte çok sayıda risk faktörü tanımlanmıştır. En önemli risk faktörleri: İleri yaş (>50), kadın cinsiyet, ailede meme kanseri öyküsü olması, geç menopoz, erken menarş, ilk doğum yaşının ileri olması, uzatılmış hormon replasman tedavisi uygulanımı, iyi huylu proliferatif meme lezyonları, genetik faktörler (BRCA 1-2 gen mutasyonları gibi), yaşam tarzı ile ilgili faktörler (alkol tüketimi, sigara, gibi) ve göğüs duvarına daha önce radyasyon tedavisi almış olmasıdır (3).

Meme kanserli hastalarda optimal tedavi stratejisini saptamada prognostik faktörler göz önünde bulundurulmalıdır. Önemli prognostik faktörler: Hasta yaşı, tümör boyutu, tutulu aksiller nod sayısı, histolojik grad, lenfovasküler invazyon durumu, östrojen reseptör (ER) ve progesteron reseptör (PR) durumu, HER2-neu (C-erb B2), tümör supressör genler (p53 ve bcl-2) şeklindedir. Aksiller lenf nodu durumu (ALN) hastalısız sağkalım (HSK) ve genel sağkalım (GSK) açısından en önemli prognostik faktördür. Pozitif aksiller lenf nodlarının varlığı, mortalitye doğrudan etkileyen, lokal nüks ve uzak metastazın göstergesidir (3,4). Meme kanseri tanısı kesinleştikten sonra hastalığın başlangıçtaki yaygınlığını yani evresini doğru belirlemek tedavi yönetimi açısından ve hastalığın prognozu ile ilgili tahminde bulunmak açısından çok önemlidir. Evrelemede Amerikan Joint Committee on Cancer (AJCC) TNM evreleme sistemi kullanılmaktadır. Çeşitli kereler düzenlenen bu evrelemenin 2017 yılında güncellenen son hali kullanılmaktadır (5).

Meme kanseri tedavisi, lokal hastalığın cerrahi, radyoterapi (RT) veya her ikisiyle tedavisini

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PMRT hem göğüs duvarı hem de bölgesel nodlara uygulanmaktadır. Bölgesel nodlar supra/infraklavikuler nodları aynı zamanda IMN'leri kapsamaktadır. Tam aksilla disseksiyonu uygulanmış dışındakilerde aksilla da tedavi alanına eklenmiştir.

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