

MEME KANSERİ TEDAVİSİ VE TEDAVİDE YENİ GELİŞMELER

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Giriş

Meme kanseri, tüm kanserler içinde akciğer kanserinin hemen ardından en sık teşhis edilen ikinci malignitedir ve her yıl iki milyondan fazla vakaya karşılık gelmektedir (1). Aynı zamanda dünya çapında kadınlarda kanser ölümlerinin önde gelen nedenidir. Amerika Birleşik Devletleri'nde meme kanseri en yaygın kadın kanseridir ve kadınlarda kanserden ölümlerin ikinci en yaygın nedenidir (2).

Epidemiyoloji

Amerika Birleşik Devletleri'nde, meme kanseri her yıl 260.000'den fazla görülmektedir ve yıllık 40.000'den fazla ölümden sorumludur (3). İnsidans oranları 1999'dan 2007'ye yıllık yüzde 1,8 oranında azalmıştır. Kadın Sağlığı İniyatifi Birliği'nin sonuçları birçok postmenopozal kadında hormon replasman tedavisinin (HRT) güvenli olduğunu göstermesine rağmen, daha öncesindeki yayınlarda HRT'nin kesilmesi bu düşüşün ana nedeni olarak lanse edilmiştir (4-11).

Meme kanseri ölüm oranları 1970'lerden beri düşmektedir. Mortalitedeki bu düşüş, gelişmiş meme kanseri taramasına ve adjuvan tedavideki gelişmelere bağlıdır (12,13).

Klinik Özellikler

Belirli meme kanseri tarama programları olan ülkelerde, çoğu hasta anormal bir mamografi sonucu nedeniyle başvurur. Bununla birlikte, kadınların yüzde 15 kadarında mamografide tespit edilmeyen bir meme kitlesi varlığı ve yüzde 30'unda mamogramlar arasındaki aralıkta bir meme kitlesi mevcut olduğu için meme kanseri teşhisi konur(14).

Ek olarak, tarama mamografisine erişimi olmayan kadınlar ve rutin tarama mamografisi yapılmayan 40 yaşın altındaki genç kadınlar, memede veya koltuk altında kitle ile başvurabilir.

Kanserli bir lezyonun "klasik" özellikleri, düzensiz sınırları olan sert, hareketsiz, tek dominant lezyonu içerir. Bununla birlikte, bu özelliklerle iyi huylu bir tümör, kötü huylu bir tümörden güvenilir bir şekilde ayırt edilemez.

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