

Bölüm 2

MEME KANSERİNDE TARAMA YÖNTEMLERİ

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GİRİŞ

Meme kanseri dünyada kadınlarda en sık görülen (cilt dışı) ve en fazla ölüme yol açan kanser türüdür. Amerika Birleşik Devletleri'nde ise en sık ikinci ölüme yol açan kanser türüdür.

Amerika Birleşik Devletleri'ndeki meme kanseri teşhisi en çok tarama yöntemleri ile tanı konulsa da önemli bir kısmı da hastanın kendi kendini muayenesi esnasında fark etmesiyle ortaya çıkmaktadır. Mamografi taraması yapılan hastalarda ki sonuçlar hem meme kanserinden ölümlerin azaldığını hem de hastaların tedaviye erkenden başladığını göstermiştir. Meme kanseri mortalitesi 1980'lerden bu yana önemli ölçüde azalırken, meme kanserindeki mortalitenin tedavideki iyileştirmelerden daha çok tarama yöntemleriyle ilişkili olduğunu düşündürmektedir (1-5).

Burada meme kanseri tarama yöntemleri, meme kanseri gelişme riskini, tarama kararlarını etkileyecek faktörleri ve taramanın yararları ve zararları tartışılacaktır.

RİSK TESPİTİ

Tarama, meme kanseri gelişmesi muhtemel olan ve erken tanı konularak risk azaltılması sağlanan hastalar için çok değerlidir. Bu nedenle bir hastanın meme kanserine yakalanma riskini belirlemek ve bu bilgileri hem tarama yöntemini hem de sıklığını öğrenmek için kullanmak çok önemlidir.

İlk risk değerlendirilmesinde birinci adım risk kategorilerini belirlemek ortalama düşük, orta ve yüksek risk sınıflaması ile çoğun kadın için ortalama riski belirlemektir. Bu risk kategorileri yaşam boyu meme kanserine yakalanma riskine

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Kadınların büyük çoğunluğu ortalama düşük meme kanseri riski altındadır. Ayrıca bir kadının meme kanserin teşhisi riski çoğu kadının tahmin ettiğinden daha düşüktür.

Bilinen BRCA mutasyonuna sahip göreceli olarak daha az sayıdaki kadından biri olmadığı sürece yüksek riskli gruptaki kadın dahi olsa özellikle beş yıllık süre zarfında meme kanseri geliştirme olasılığı düşüktür.

Bir hasta taramayı seçerek meme kanserinden ölümü önleyebilir veya kaliteli bir yaşam sürebilir.

Tarama aşırı tanı konulmasına neden olabilir; bunun hastaya zarar vermediği tespit edilmesine rağmen daha fazla test ve tedavi ile sonuçlanabilir.

Tarama yanlış pozitif sonuç verebilir bu da bireyin daha fazla test yaptırmasına ve kaygıya düşmesine neden olabilir.

Her ne kadar kadınlar klinisyenler ile karar verme tartışmaları yapsalar da konuşma sırasında öğrenemediği önemli bileşenler olabilir. Örneğin ülke çapında yapılan bir anket çalışmasın da kadınların meme kanseri taramasından geçirilmeden önce klinisyenler tarafından bilgilendirildiklerini bildirdi. Bununla birlikte yüzde 96 hasta taramanın yararları hakkında bilgilendirildiklerini ancak yüzde 20 hastanın potansiyel zararları konuştukları belirlendi (112).

Anormal mamografi sonuçlarının değerlendirilmesi ve bundan sonra yapılacak girişim ve tedavi yöntemleri başka bir bölüm altında anlatılacaktır.

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