Bölüm
13

ERKEN EVRE MEME KANSERİNDE ADJUVAN SİSTEMİK TEDAVİ

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Erken evre meme kanseri evre I, IIA ve IIB'nin (T2N1) bir kısmını kapsar, lokal ileri evre ise evre IIB'nin diğer kısmı (T3N0) ile evre IIIA dan IIIC'ye kadar olan kısımları kapsar. Adjuvan sistemik tedavi ile mortalitede azalma meydana gelir. (1) Adjuvan sistemik tedavi sitotoksik kemoterapötik ajanların cerrahi sonrası kalan mikroskobik kanser odaklarını yok etmek için uygulanmasıdır. Genelde hormon reseptörü pozitif veya negatif olması farketmeksizin aynı ajanlar kullanılır ve eğer HER 2 pozitif ise anti HER 2 tedavi eklenir.

ENDİKASYON

Tedavi kararı multidisipliner takım tarafından hasta bazlı olarak planlanmalıdır. Tömürün yükü, büyüklüğü, yerleşimi, hormon reesptör durumu, ki-67 proliferasyon indeksi, hastanın yaşı ve genel durumu göz onüne alınmalıdır. Herediter kanser riski göz önüne alınmalı ve gerekire genetik testler çalışılmalıdır.(2) Ayrıca genç hastalara fertilite koruyucu teknikler tedavi öncesi önerilmelidir.(3-6) The Early Breast Cancer Trialists' Collaborative Group (EBCTCG) meta analizinde erken evre meme kanserinde adjuvan kemoterapinin hem nüksü hem de meme kanserine bağlı ölümleri azalttığı gösterilmiştir. (7-8) Fakat düşük risk skoruna sahip bir kısım hasta ile yaşlı ve komorbid hastalıkları olan hastalarda kemoterapi hem uygun değil hem de sürviye katkısı yoktur. Kemoterapi cerrahiden sonraki 2-6 hafta içinde başlanmalıdır. Cerrahiden 12 hafta sonra KT başlanması etkinlik kaybına yol açtığı bilinmektedir. (9)

Hormon Reseptör Negatif(triple negatif) Hastalar

Adjuvan KT triple negatif hastalarda tümör boyutu >0.5 cm veya lenf nodu tutulumu durumunda endikedir. Bu hastalar hormon reesptörü negatif olduğundan adjuvan hormon terapi, HER 2 durumu negatif olduğundan anti HER 2 tedavi alamazlar.

endikasyonu mevcuttur. HER 2 negatif , hormon resptörü pozitif hastalarda KT kararı hastanın yaşı, lenfovasküler invazyon, grade, lenf nodu tutulumu ve risk skoruna göre karar verilir. Kemoterapi olarak doz dens AC sonrasında taksan bazlı rejimler kullanılır. Düşük riski hastalar ile kalp yetmezliği olanlar ve antrasiklin kullanmak istemeyen hastalarada dosetaksel siklofosfamid rejimi kullanılabilir. KT cerrahiden 4-6 hafta sonra başlanmalıdır.

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