Bölüm
32

DUKTAL KARSİNOMA İNSİTU TEDAVİSİ

Serdar KARAKAYA[1]
İbrahim KARADAĞ[2]

Duktal karsinoma in situ (DCIS) primer tedavi hedefi invaziv meme karsinomuna ilerlemesini önlemektir. Rekürrens riskini azaltmak için tedavi stratejileri arasında; cerrahi (lumpektomi veya mastektomi), radyoterapi ve adjuvan endokrinoterapi tedavi seçenekleri vardır.

Cerrahi: DCIS'li bireylerin birincil tedavi seçenekleri tüm meme radyasyon tedavisini (WBRT) içeren veya içermeyen meme koruyucu cerrahi(lumpektomi) veya buna alternatif mastektomidir.

Lokal tedavi seçenekleri genel sağkalım üzerine etkisi yoktur. Bu nedenle artmış lokal nüks riski göz önünde bulundurulmalıdır. Eksizyon sonrası mamografi, özellikle başlangıçta mikrokalsifikasyon ile gelen DCIS hastaları için DCIS›in yeterli bir eksizyonunun yapıldığını doğrulamakta değerlidir1.

Mastektomi: DCIS'li hastalar ve tanısal mamografi veya diğer görüntüleme, fizik muayene veya biyopsi ile gösterilmiş yaygın hastalık kanıtı (örneğin iki veya daha fazla kadran içeren hastalık) mastektomi gerektirebilir. Mastektomi aksillaya olan lenf drenajı akımını kalıcı olarak değiştirir. Onun için ileride yapılacak sentinel lenf nodu örneklemesi (SLNB) sonucu teknik olarak uygulanabilir olmayacaktır2,3. Bu nedenle mastektomi ile tedavi görmeyi amaçlayan DCIS hastaları için veya alternatif olarak, aksillaya lenfatik drenaj paternini tehlikeye atabilecek anatomik bir bölgede lokal eksizyon yapılacak hastalarda aksilla değerlendirilmesi için tam aksiller lenf nodu diseksiyonu yapılmasını önlemek için definitif cerrahi zamanında SLNB prosedürü mutlaka göz önünde bulundurulmalıdır2-5.

Hastalarda patolojik olarak dökümente edilmiş invaziv kanser veya aksiller lenf nodu metastatik hastalığı olmadıkça, tam aksiller lenf nodu diseksiyonu

[1] Dr., S.B.Ü. Dr. A.Y.A. Onkoloji Eğitim ve Araştırma Hastanesi, drserdarkarakaya@gmail.com
[2] Dr., S.B.Ü. Dr. A.Y.A. Onkoloji Eğitim ve Araştırma Hastanesi, ikaradag58@gmail.com

2A düzeyinde önerilir. Hormon reseptörü negatif DCIS'lı hastalar için endokrin tedavisinin yararı bilinmemektedir.

KAYNAKLAR

1. Waddell BE, Stomper PC, DeFazio JL, et al. Postexcision mammography is indicated after resection of ductal carcinoma-in-situ of the breast. Ann Surg Oncol 2000;7:665-668.
2. Cody HS, Van Zee KJ. Point: sentinel lymph node biopsy is indicated for patients with DCIS. J Natl Compr Canc Netw2003;1:199-206.
3. Virnig BA, Tuttle TM, Shamliyan T, Kane RL. Ductal carcinoma in situ of the breast: a systematic review of incidence, treatment, and outcomes. J Natl Cancer Inst 2010;102:170-178
4. Edge SB, Sheldon DG. Counterpoint: sentinel lymph node biopsy is not indicated for ductal carcinoma in situ. J Natl Compr Canc Netw 2003;1:207-212.
5. Lyman GH, Giuliano AE, Somerfield MR, et al. American Society of Clinical Oncology guideline recommendations for sentinel lymph node biopsy in early-stage breast cancer. J Clin Oncol 2005;23:7703- 7720.
6. Brennan ME, Turner RM, Ciatto S, et al. Ductal carcinoma in situ at core-needle biopsy: meta-analysis of underestimation and predictors of invasive breast cancer. Radiology 2011;260:119-128.
7. Bijker N, Meijnen P, Peterse JL, et al. Breast-conserving treatment with or without radiotherapy in ductal carcinoma-in-situ: ten-year results of European Organisation for Research and Treatment of Cancer randomized phase III trial 10853--a study by the EORTC Breast Cancer Cooperative Group and EORTC Radiotherapy Group. J Clin Oncol 2006;24:3381-3387
8. Emdin SO, Granstrand B, Ringberg A, et al. SweDCIS: Radiotherapy after sector resection for ductal carcinoma in situ of the breast. Results of a randomised trial in a population offered mammography screening. Acta Oncol 2006;45:536-543.
9. Fisher B, Dignam J, Wolmark N, et al. Lumpectomy andradiation therapy for the treatment of intraductal breast cancer: findings from National Surgical Adjuvant Breast and Bowel Project B-17. J Clin Oncol 1998;16:441-452.
10. Houghton J, George WD, Cuzick J, et al. Radiotherapy and tamoxifen in women with completely excised ductal carcinoma in situ of the breast in the UK, Australia, and New Zealand:randomisedcontrolled trial. Lancet 2003;362:95-9102.
11. Julien JP, Bijker N, Fentiman IS, et al. Radiotherapy in breast- conserving treatment for ductal carcinoma in situ: first results of the EORTC randomised phase III trial 10853. EORTC Breast Cancer Cooperative Group and EORTC Radiotherapy Group. Lancet 2000;355:528-533.
12. Cuzick J, Sestak I, Pinder SE, et al. Effect of tamoxifen and radiotherapy in women with locally excised ductal carcinoma in situ: long-term results from the UK/ANZ DCIS trial. Lancet Oncol 2011;12:21-29.
13. Wapnir IL, Dignam JJ, Fisher B, et al. Long-term outcomes of invasive ipsilateral breast tumor recurrences after lumpectomy in NSABP B-17 and B-24 randomized clinical trials for DCIS. J Natl Cancer Inst 2011;103:478-488.
14. McCormick B, Winter K, Hudis C, et al. RTOG 9804: a prospective randomized trial for good-risk ductal carcinoma in situ comparing radiotherapy with observation. J Clin Oncol 2015;33:709-715.
15. Holmberg L, Garmo H, Granstrand B, et al. Absolute risk reductions for local recurrence after postoperative radiotherapy after sector resection for ductal carcinoma in situ of the breast. J Clin Oncol 2008;26:1247-1252.
16. Goodwin A, Parker S, Ghersi D, Wilcken N. Post-operative radiotherapy for ductal carcinoma in situ of the breast--a systematic review of the randomised trials. Breast 2009;18:143-149.
17. Narod SA, Iqbal J, Giannakeas V, et al. Breast Cancer Mortality After a Diagnosis of Ductal Carcinoma In Situ. JAMA Oncol 2015;1:888-896.
18. Sagara Y, Freedman RA, Vaz-Luis I, et al. Patient Prognostic Score and Associations With Survival Improvement Offered by Radiotherapy After Breast-Conserving Surgery for Ductal Car-

cinoma In Situ: A Population-Based Longitudinal Cohort Study. J Clin Oncol 2016;34:1190-1196.
19. Bartelink H, Horiot JC, Poortmans PM, et al. Impact of a higher radiation dose on local control and survival in breast-conserving therapy of early breast cancer: 10-year results of the randomized boost versus no boost EORTC 22881-10882 trial. J Clin Oncol 2007;25:3259-3265.
20. Bartelink H, Maingon P, Poortmans P, et al. Whole-breast irradiation with or without a boost for patients treated with breast- conserving surgery for early breast cancer: 20-year follow-up of a randomised phase 3 trial. Lancet Oncol 2015;16:47-56.
21. Romestaing P, Lehingue Y, Carrie C, et al. Role of a 10-Gy boost in the conservative treatment of early breast cancer: results of a randomized clinical trial in Lyon, France. J Clin Oncol 1997;15:963- 968.
22. Polgar C, Fodor J, Orosz Z, et al. Electron and high-dose-rate brachytherapy boost in the conservative treatment of stage I-II breast cancer first results of the randomized Budapest boost trial. Strahlenther Onkol 2002;178:615-623.
23. Moran MS, Zhao Y, Ma S, et al. Association of Radiotherapy Boost for Ductal Carcinoma In Situ With Local Control AfterWhole-BreastRadiotherapy. JAMA Oncol 2017.
24. Di Saverio S, Catena F, Santini D, et al. 259 Patients with DCIS of the breast applying USC/Van Nuys prognostic index: a retrospective review with long term follow up. Breast Cancer Res Treat 2008;109:405-416.
25. Gilleard O, Goodman A, Cooper M, et al. The significance of the Van Nuys prognostic index in the management of ductal carcinoma in situ. World J Surg Oncol 2008;6:61-61.
26. Silverstein MJ, Lagios MD, Craig PH, et al. A prognostic index for ductal carcinoma in situ of the breast. Cancer 1996;77:2267-2274.
27: Silverstein MJ, Lagios MD, Groshen S, et al. The influence of margin width on local control of ductal carcinoma in situ of the breast. N Engl J Med 1999;340:1455-1461.
28. Hughes LL, Wang M, Page DL, et al. Local excision alone without irradiation for ductal carcinoma in situ of the breast: a trial of the Eastern Cooperative Oncology Group. J Clin Oncol 2009;27:5319- 5324.
29. MacDonald HR, Silverstein MJ, Mabry H, et al. Local control in ductal carcinoma in situ treated by excision alone: incremental benefit of larger margins. Am J Surg 2005;190:521-525.
30. Dunne C, Burke JP, Morrow M, Kell MR. Effect of margin status on local recurrence after breast conservation and radiation therapy for ductal carcinoma in situ. J Clin Oncol 2009;27:1615-1620.
31. Van Zee KJ, Subhedar P, Olcese C, et al. Relationship between margin width and recurrence of ductal carcinoma in situ: Analysis of 2996 women treated with breast-conserving surgery for 30 years. Ann Surg 2015;262:623-631.
32. Morrow M, Van Zee KJ, Solin LJ, et al. Society of Surgical Oncology-American Society for Radiation Oncology-American Society of Clinical Oncology Consensus Guideline on Margins for Breast- Conserving Surgery With Whole-Breast Irradiation in Ductal Carcinoma In Situ. J Clin Oncol 2016;34:4040-4046.
33. Fisher B, Costantino JP, Wickerham DL, et al. Tamoxifen for the prevention of breast cancer: current status of the National Surgical Adjuvant Breast and Bowel Project P-1 study. J Natl Cancer Inst 2005;97:1652-1662.
34. Fisher B, Costantino JP, Wickerham DL, et al. Tamoxifen for prevention of breast cancer: report of the National Surgical Adjuvant Breast and Bowel Project P-1 Study. J Natl Cancer Inst 1998;90:1371- 1388.
35. Tan-Chiu E, Wang J, Costantino JP, et al. Effects of tamoxifen on benign breast disease in women at high risk for breast cancer. J Natl Cancer Inst 2003;95:302-307.
36. Effects of chemotherapy and hormonal therapy for early breast cancer on recurrence and 15-year survival: an overview of the randomised trials. Lancet 2005;365:1687-1717.
37. Allred DC, Bryant J, Land S, et al. Estrogen receptor expression as a predictive marker of the effectiveness of tamoxifen in the treatment of DCIS: Findings from the NSABP Protocol B-24

[abstract]. Breast Cancer Res Treat 2002;76(Suppl 1):Abstract A30.
38. Forbes JF, Sestak I, Howell A, et al. Anastrozole versus tamoxifen for the prevention of locoregional and contralateral breast cancer in postmenopausal women with locally excised ductal carcinoma in situ (IBIS-II DCIS): a double-blind, randomised controlled trial. Lancet 2015.
39. Margolese RG, Cecchini RS, Julian TB, et al. Anastrozole versus tamoxifen in postmenopausal women with ductal carcinoma in situ undergoing lumpectomy plus radiotherapy (NSABP B-35): a randomised, double-blind, phase 3 clinical trial. Lancet 2015.