

Bölüm 44

MEME KANSERİ NEDENİ İLE RADYOTERAPİ UYGULANAN HASTALARDA YAN ETKİ YÖNETİMİ

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Meme kanserinin multimodel tedavisinde radyoterapi önemli bir yer tutmaktadır. Radyoterapi uygulandığı da sadece lokal bölgesel kontrolü değil, sağkalımı da olumlu olarak etkilemektedir

Meme kanserinde erken tanı ve yeni geliştirilen tedavi modaliteleri ile yaşam suresinin artması sonucu, tedavilere bağlı yan etkilerin gelişimi daha fazla izlenmektedir (1).

Radyoterapi tedavisinde temel amaç tümörlü dokuyu tahrip ederken sağlam dokulara minimal zarar vermektir. Meme ışınlamasında; akciğer, kostalar, tiroid, özafagus, kalp- ana damarlar, brakiyal pleksus ve humerus kritik organlardır (2).

Radyoterapi sürecinde çevredeki sağlıklı doku ve organların doz alması kaçınılmazdır. Bu durumda erken ve geç yan etki görülebilir. Erken yan etkiler radyoterapinin başlangıcı ile ilk 12 hafta içinde gelişen etkilerdir. Bu dönemde meme ödemi, halsizlik, cilt bulguları, yağ nekrozu, meme dokusunda ki kalfikasyon, özafajit, radyasyon pnömonisi görülebilir. Geç yan etkiler ise radyoterapi tamamlandıktan aylar-yıllar sonra gelişir. Bu yan etkilerin yönetimi oldukça zor ve uzun süreçlidir. Çoğunlukla geri dönüşümsüz olup hastanın hayat kalitesini önemli ölçüde olumsuz olarak etkiler (2,3).

Radyoterapi bitimini takip eden aylar (3. aydan sonra), bazen yıllar sonra ortaya çıkan komplikasyonlardır. Yeterli veya ilgili doku toleransının üzerinde ışın dozu alan tüm hastalarda ortaya çıkabilirler. Bu etkiler genellikle ciddi, kalıcı ve ilerleyici karakterdedirler. Geç radyasyon hasarları radyoterapi uygulamaların da en korkulan ve toplam radyasyon dozunu kısıtlayan yan etkilerdir. Bu nedenle tedavi alanlarındaki sağlam doku ve organlar mümkün olduğunca korunmalıdır (4,5).

bulunmuş ve 45 yaşından sonra RT uygulananlarda risk artışı olmadığı bildirilmiştir. Ancak 45 yaşından önce RT uygulananlardan en az 10 yıl yaşayanlarda rölatif riskin(RR) 1.9 olduğu ve bu grupta RT uygulanan olgularda görülen ikincil meme kanserlerinin %11'i RT'ye bağlı olabileceği belirtilmiştir. Kontralateral meme kanseri riskinin artmasıyla kuvvetli bir şekilde ilişkili olan diğer bir faktör ise aile öyküsü ve özellikle BRCA1/ BRCA2 mutasyonlarının varlığıdır . BRCA1 ve BRCA 2'nin protein ürünleri, çift sarmal kırılmalarının onarımı ile etkileşime girdiğinden, bu hastaların küçük radyasyon dozlarında bile özellikle savunması olabileceği öne sürülmüştür (126). SEER verileri analizinde postlumpektomi sonrası RT uygulananlarla uygulanmayanlarla karşılaştırıldığında risk artışı olmadığı vurgulanmıştır.Ancak mastektomi sonrası RT uygulananlarda tedaviden 10-20 yıl sonra ipsilateral akciğer kanseri riski artmıştır (127).

Radyoterapi kliniklerinde tedavinin uygulanması kadar yan etkilerin yönetiminde önemlidir.Çünkü tedavinin etkinliğini belirleyen etkenlerden biride yan etkilerin tanımlanması ve tedavi edilmesidir.Özellikle radyoterapi uygulaması sırasında oluşan erken –akut yan etkiler tedavinin, kesilmesine ve dolayısıyla etkinliğinin azalmasına yol açar.Günümüzde tarama, tanı ve tedavi yöntemlerinin gelişmesiyle birlikte kanser hastalarının sağkalımı uzamakta ve bu nedenle tedaviye bağlı geç komplikasyonlar da daha sık görülmektedir.Bundan dolayı olguların uzun izlenim süreleriyle gözlenmesi geç yan etkilerin tanımlanmasına ve yaşam kalitesinde de artış sağlayacaktır.

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