Bölüm
1

MEME KANSERİ EPİDEMİYOLOJİSİ, RİSK FAKTÖRLERİ VE RİSK SKORLAMA SİSTEMLERİ

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GİRİŞ

Meme kanseri, menopoza yaklaşan kadınlarda tanısı en sık konulan neoplastik hastalık olup, sıklıkla kadınların günlük yaşamlarında normal fonksiyonları yerine getirme yeteneğinde önemli bir azalmaya yol açmaktadır. Globocan 2018 yılı Türkiye epidemiyolojik verilerine göre yeni meme kanseri olgularının sayısı 22,345 olup, tanısı konulan tüm kanser olgularının yaklaşık %10,6'si kadınlarda görülen kanserler içinde de yaklaşık %24,4 ünü oluşturmaktadır. Meme kanseri hastalarında yaş dağılımı da oldukça karakteristiktir. Bu kanserlerin %80'inin tanısı 50 yaş ve üzeri kadınlarda konulmaktadır. Ayrıca epidemiyolojik verilere göre meme kanseri olgularının %50'si 50-69 yaş arasındaki kadınlarda görülmektedir. Burada özellikle endişe verici olan nokta, son 20 yılda Türkiye toplumunda meme kanseri oluşumunda 2 katından fazla bir artış gözlemlemiş olmamızdır. Ne yazık ki bu artış, tedavi sonuçlarında anlamlı bir iyileşme ile ilişkili olmamıştır. En son yapılan analize göre 5 yıllık sağ kalım, 2000-2002 yılları arasında tanı alan hastalarda %75 iken, bu oran 2003-2005 yılları arasında tanı alan hastalarda %77.5 olarak saptanmıştır. Epidemiyolojik çalışmalarda sosyal ve mesleki yaşama aktif bir şekilde katılan kadınlarda meme kanseri insidansında gözlenen artış, bu tür neoplazmaların oluşumuyla ilişkili risk faktörlerinin saptanması amacıyla çok yönlü çalışmalar yapmak gerektiğini göstermektedir. Geçtiğimiz birkaç yılda yapılan kapsamlı çalışmalarda, tanısı yeni konulan kanser olgularının %20-30'unun, meme hücrelerinin neoplastik dönüşümünün; aktif olarak sürecini başlatan veya modifiye eden çeşitli risk faktörlerinin oluşumuyla ilişkili olabileceği gösterilmiştir. Bu faktörlerin en önemlileri 40 yaş üzeri olmak, meme bezi hastalıkları öykü-

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düktif ve genetik değişkenler dahil olmak üzere meme kanseri gelişiminin önemli risk faktörlerinin bir çoğunun değiştirilmesi kolay değildir. Meme kanserinin epidemiyolojisinin ayrıntılı bir şekilde anlaşılması etkili tarama uygulamalarında bilgi sağlayarak klinisyenlerin bireysel hastalarda risk değerlendirmesine ve yönetim kararlarına yardımcı olabilir. Pek çok risk faktörü iyi tanımlanmış olmakla birlikte etnik köken genetik yatkınlık ve tümör histolojisinin rolü konusunda devam eden araştırmalar tarama ve tedaviyi yönlendirerek ileri taşıyacaktır.

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