19.
BÖLÜM

MEME KANSERİNDE BRAKİTERAPİ

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GİRİŞ

Meme kanseri kadınlarda en sık görülen kanser türüdür ve farklı disiplinlerden tedavi seçenekleri birlikte kullanılmaktadır. Tüm tedavi gruplarında ortaya çıkan yeni teknolojik ve bilimsel gelişmeler ile lokal kontrol ve sağkalım oranlarında iyileştirilmiş sonuçlar elde edilmektedir. Erken evre meme kanserinde radikal mastektomi ile meme koruyucu cerrahiyi takiben uygulanan tüm meme radyoterapisini karşılaştıran çalışmalarla benzer sağkalım ve lokal kontrol oranları ile standart tedavi yaklaşımı olarak kabul edilmiştir (1-3).

Brakiterapi, Yunanca'dan 'braki' kısa ve 'terapi' tedavi kelimelerinin birleşmesiyle oluşturulmuştur ve 'kısa mesafe tedavi' anlamına gelmektedir. Bu şekilde tedavi alanı içinde, kaynakların direkt olarak dokunun içine implante edilmesiyle interstisyel tedavi ve dokuya en yakın yere yerleştirilmesiyle intrakaviter tedavi uygulamaları yapılabilmektedir. Radyoaktif kaynakların kullanımı ile hedeflenen dokuda yüksek fokal doz dağılımını, çevre sağlam dokuları koruyarak , en etkin ve istenen konformal tedaviyi , düzensiz bir hedef volüm varlığında da bireyselleştirerek uygulamak mümkün olmaktadır.

Meme koruyucu cerrahi sonrası boost tedavisinde , akselere parsiyel meme ışınlamasında ve nüks kurtarma tedavisinde uygulanabilen brakiterapi ; uygulama zorluklarına rağmen tecrübeli merkezlerde alternatif radyoterapi seçeneği olarak değerlendirilebilir.

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Farklı bir brakiterapi seçeneği olarak prostat kanserindeki tedaviye benzer şekilde meme seed implantların kullanımı karşımıza çıkmaktadır. Ultrason rehberliğinde kalıcı palladyum103 radyoaktif meme seed implantların yaklaşık 120cc altındaki cerrahi kaviteye yerleştirilmesi ile 36 ayda rekürrens görülmeden %96.9 oranında olumlu kozmez elde edilmiştir.Meme dokusunun özelliği nedeniyle tümör yatağının zaman içinde küçülmesi seed implantların yer değiştirmesi olumsuz bir özellik olarak belirtilmelidir. Ayrıca hasta konforu açısından tedavi uyumu yüksek bir teknik olmasına rağmen sınırlı sayıda merkezde uygulanmaktadır (56).

Uygulanacak olan tekniğin seçimi klinisyenin ve ekibin tecrübesine, tümörün özelliklerine göre değişmekte olup her hasta için bağımsız olarak değerlendirme yapılarak karar verilmelidir.

SONUÇ

Brakiterapi; hedef volüme planlanan radyoterapi dozunun , çevre sağlam dokuları ve riskli organları koruyarak verilebildiği , konformal bir tedavi seçeneği olarak değerlendirilebilir. Modern görüntüleme yöntemleriyle birlikte gelişen bilgisayarlı planlama teknolojileri kişiselleştirilmiş tedavilerin uygulanmasına olanak sağlamaktadır.

Meme kanserinde brakiterapi , uygun ve doğru hasta seçimiyle farklı endikasyonlarda, farklı tekniklerle yapılan uygulamalarda lokal kontrol , hastalıksız ve genel sağkalım ile birlikte yan etki , kozmezis açısından diğer radyoterapi teknikleriyle karşılaştırılmasında benzer olumlu sonuçlar göstermektedir. Teknik açıdan donanımlı ve tecrübeli merkezlerde uygulanarak , diğer radyoterapi seçeneklerine alternatif oluşturabilir.

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