

Bölüm 3

GESTASYONEL MEME KANSERİNDE TEDAVİ

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GİRİŞ

Gestasyonel meme kanseri (veya hamilelikle ilişkili meme kanseri); hamilelik sırasında, doğum sonrası ilk yılda veya emzirme döneminde herhangi bir zamanda tanı konulan meme kanseri olarak tanımlanır. Gestasyonel meme kanseri, hem annenin hem de fetüsün refahı göz önünde bulundurulması gerektiğinden zorlu bir klinik durum sunar. Gebelikte meme kanserinin tanı, tedavisi ve sonuçları hakkında sınırlı prospektif veri vardır; klinik kanıtların çoğu retrospektif vaka serileri ve vaka raporları ile sınırlıdır.

TEDAVİ

Genel olarak, meme kanseri olan hamile kadınlar, fetüsün korunması için bazı değişikliklerle birlikte, gebe olmayan hastaların tedavi kurallarına göre tedavi edilmelidir. Bununla birlikte, tedaviye küratif niyetle yaklaşılmalıdır. Bu nedenle, gebelik ilişkili meme kanseri tedavisi, hamilelik nedeniyle gereksiz yere ertelenmemelidir. Bilgilendirilmiş onay, uygun tedaviyi seçmenin kritik bir bileşenidir. Hamileliğin sona erdirilmesi tedavi planlaması sırasında düşünülebilse de, hamileliğin sona erdirilmesinin gebelik ilişkili meme kanserinde sonuçları iyileştirdiği gösterilmemiştir.

Gestasyonel meme kanserli tüm hastalar, gebe olmayan meme kanserli hastaların kılavuzlarına göre uzak metastatik hastalık açısından değerlendirilmelidir. Ancak bu değerlendirme fetüsü korumak amacıyla, fetal koruyuculu göğüs grafisi, karaciğere yönelik ultrason ve kemik metastazlarını değerlendirmek için omurgaya yönelik kontrastsız manyetik rezonans görüntüleme (MRG) ile sınırlandırılabilir [1, 2].

Lokorejyonel Tedavi

Gebelik ilişkili meme kanserli hastaların lokal tedavisinde, radyoterapi hariçinde gebe olmayan hastaların tedavi seçeneklerine benzer seçenekler düşünül-

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KAYNAKLAR

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