

24. BÖLÜM

YAŞLI MEME KANSERİ HASTALARINDA AKSİLLANIN YÖNETİMİ

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İnvaziv meme kanserli hastalarda aksiller değerlendirme hem bölgesel kontrol hem de evreleme ve prognostik veri amacıyla geçmişten günümüze standart olarak uygulanmıştır. Bu amaçla önce aksiller lenf nodu diseksiyonu (ALND) ve sonrasında da sentinel lenf nodu biyopsisi (SLNB) teknikleri tanımlanmıştır. Güncel çalışmalar ışığında sağkalıma etkisi olmamakla birlikte bölgesel hastalık kontrolünde ve hastalığın evrelendirilmesi amacıyla aksiller değerlendime geçerliliğini halen korumaktadır. Günümüzde adjuvan tedavilerin planlanmasında aksiller tutulum yerine tümör biyolojisi, tümör yükü ve multi gen analizleri daha da önem kazanmış gibi görülmektedir.¹

Mammografi taramalarının yaygınlaşması, kemo-radyoterapi ve endokrin tedavilerdeki gelişmeler ve bunların kombine kullanımı ile palpe edilemeyecek kadar küçük tümörler ve daha az aksiller tutulumuna sahip hastalar tespit ve tedavi edilmeye başlanmıştır. Bu gelişmeleri daha az invaziv girişimlerin gelişmesi ve yaygınlaşması izlemektedir. Tüm bu gelişmelere rağmen ileri yaşlı hastaların (pek çok çalışmada 65 yaş ve üzeri olarak kabul edilir) tedavilerden genç hastalara göre daha az fayda sağladıkları görülmektedir.² Bu farklılığın sebebi, yaşlı hastaların düzenli kontrole gitme sıklığının genç hastalara göre daha az olması ve buna bağlı daha ileri evrede tanı almalarıdır.³

Düzenli taramaya giden yaşlı hasta sayısı arttıkça daha küçük tümör boyutunda ve klinik olarak negatif lenf noduna (LN) sahip yaşlı hasta saptama olasılığı da artmaktadır.⁴ Yaşlı meme kanseri hastalarının geniş kapsamlı çalışma-

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