27.
BÖLÜM

AKSİLLER RADYOTERAPİ (BÖLGESEL LENF NODU IŞINLAMASI)

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GİRİŞ

Meme kanserinde bölgesel lenfatiklere radyoterapi önemli bir konudur. Meme kanserinde, lokal nüksü azaltmak ve sağkalımı uzatmak için postoperatif göğüs duvarına/memeye, supraklaviküler, aksillaya ve mammaria interna lenf nodlarına radyoterapi önerilmektedir. Hangi hastada lenf nodu sahasına radyoterapi uygulanacağına karar vermek; yan etkileri azaltmak ve en az tedavi ile en fazla fayda sağlamak açısından önemlidir.

Lokal ileri meme kanserinde nüks en sık uzak metastaz şeklinde olurken, lokal bölgesel yineleme de görülmektedir. Hem uzak metastaza eşlik etmekte hem de izole nüks olarak da daha seyrek olsa da karşımıza çıkmaktadır.

Mastektomi sonrası radyoterapinin önemini belirlemek için günümüze dek birçok çalışma yapılmıştır. Eski çalışmalarda mastektomi sonrası radyoterapinin özellikle kardiyak nedenlerle mortaliteyi artırdığı ve bu nedenle sağkalımı olumsuz etkilediği bildirilmiştir. [1] Bu sonuç kullanılan eski radyoterapi teknikleri, yetersiz kemoterapi protokolleri ve hasta risk gruplarının belirlenememesi gibi nedenlerle günümüzde değerini kaybetmiştir.

Danimarka Meme Kanseri Çalışma Grubu'nun yüksek riski premenapozal hastalarda ve sonrasında postmenapozal hastalarda mastektomi sonrası radyoterapi sonuçlarını bildirdiği çalışmada radyoterapinin lokal kontrol ve sağkalım üzerindeki önemi belirlenmiştir. [2,3]

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