

Bölüm 6

GÖRÜNTÜLEME VE TANI YÖNTEMLERİ

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1. MEME KANSERİ EPİDEMİYOLOJİSİ

Kanser vakalarının %23'ünü ve kansere bağlı ölümlerin %14'ünü oluşturan meme kanseri, tüm gelişmelere rağmen önemli bir halk sağlığı sorunu olarak yerini korumaktadır (1). Amerika Kanser Derneği'nin verilerine göre, Amerika'da 2020 yılı için 276.480 kadının yeni meme kanseri tanısı alması ve 42.170 kadının bu hastalığa bağlı ölmesi beklenmektedir (2). İnsidanstaki artışa rağmen, geliştirilmiş tarama programları sayesinde meme kanserine bağlı ölüm oranlarında düşüş görülmüştür (3).

Meme kanserlerinin büyük çoğunluğu anormal mamografik bulgular neticesinde tanı alır ancak her mamografik anormallik kanser anlamına gelmemelidir. Bu nedenle mamografik taramalarda anormal bulgulara sahip olan kadınlar spot kompresyon mamografisi, spot tomosentez görüntüleri ya da ultrasonografik inceleme gibi ek görüntülemelerle değerlendirilmeli ve doku örnekleme ya da biyopsinin gerekliliği ortaya konulmalıdır. Öte yandan, tüm meme kanserleri mamografide tespit edilemeyebilir. Klinik olarak şüphe uyandıran bir lezyon, görüntüleme özelliklerine bakılmaksızın, biyopsi ile değerlendirilmelidir. Çünkü bu tür lezyonların %15'i mamografide görülemeyebilir (4). Biyopsi ile en az invaziv yöntemle tanıya ulaşmak ve meme kanseri açısından risk teşkil etmeyen lezyonların cerrahisini önlemek amaçlanır.

Meme kanseri şüphesi multidisipliner bir yaklaşımı gerektirir. Meme radyologları ve cerrahların koordineli çalışması ile gereksiz meme biyopsilerinin önüne

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