

## Bölüm 10

# YÜKSEK RİSKLİ KADINLARDA KEMOPREVENSIYON

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Meme kanseri kadınlarda en sık görülen kanser tipidir. Tarama mamografilerinin yaygınlaşması ile birlikte radyoloji, biyopsi ve patoloji alanındaki gelişmeler daha fazla asemptomatik meme lezyonu bulmamıza neden olmuştur. Bu lezyonlar da hafif hiperplaziden atipik hiperplaziye kadar uzanan geniş spektrumda bir hasta grubu ortaya çıkarmıştır. Bunun sonucunda hastalar karmaşık takip ve tedavi seçeneklerini içeren yüksek riskli hasta grubuna girmişlerdir. Memede gözlenen bu yüksek riskli lezyonlar;

### 1) ATİPİK DUKTAL HİPERPLAZİ

Kalın iğne biyopsilerinin yaygın olarak kullanılması ile daha sık karşımıza çıkmaktadır. DCIS ve invaziv kanser geliştirme potansiyeli de olan bu lezyonların meme kanseri riskini 3-4 kat arttırdığı gözlenmiştir (1). Atipik Duktal Hiperplazi gözlenen hastalara tamoksifen ve raloksifen kemoprevensiyon olarak önerilmektedir (2). NSABP P01 çalışması da kemoprevensiyona en iyi yanıtın atipik duktal hiperplazide olduğunu göstermiştir (3).

### 2) ATİPİK LOBÜLER HİPERPLAZİ

Tipik bir radyolojik bulgusu olmayan lezyonlardır. Biyopsi sonucu bu tanı geldiğinde örneklemenin doğruluğu araştırılmalıdır. Biyopside hata düşünülüyorsa eksizyonel biyopsi yapılmalıdır. Yapılan eksizyonel biyopsilerin sonucunda %15 oranında invaziv ve in situ kanser tanısı aldığı gözlenmiştir (4). Bu lezyonların meme kanseri riskini 3-4 kat arttırdığı bildirilmektedir (5). Atipik Lobüler Hiperplazi gözlenen hastalarda tamoksifen ve raloksifen kemoprevensiyon olarak önerilmektedir (2).

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