Bölüm
14

DUKTAL KARSINOMA IN-SITU'DA TEDAVİ

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GİRİŞ

Tarama mamografilerinin yaygınlaşması ile gün geçtikçe daha fazla Duktal karsinoma in-situ (DCIS) tanısı konulmaktadır. Bu sayede günümüzde DCIS, tüm meme kanserlerinin %1-2 sini, yeni tanı meme kanserlerinin ise yaklaşık %20'sini oluşturmaktadır [1-2].

Son 30 yılda yapılan prospektif randomize çalışmalar, DCIS seyri ve tedavisi hakkında çok daha geniş bilgilere sahip olmamızı sağlamış, bu sayede bu hastalara yaklaşımımız büyük ölçüde değişmiştir.

DCIS tedavisi genel olarak cerrahi, radyoterapi ve hormonoterapi seçeneklerini içerir. Bu tedavi seçenekleri, yapılmış metaanalizlerden elde edilen veriler doğrultusunda düzenlenmelidir. Yani her hasta göreceği fayda, riskler ve olası komplikasyonlar göz önünde bulundurularak kendi özelinde değerlendirilmeli, verilecek tedavi buna göre planlanmalıdır.

Invaziv Karsinoma Dönüşme Potansiyeli

DCIS, süt kanallarından köken alan duktal epitel hücrelerinin malign proliferasyonu olarak tanımlanmaktadır. In-situ ve invaziv tümör ayrımı bazal membran tutulumu ile yapılır.

Aynı lezyon içerisinde DCIS ve invaziv tümörler sıklıkla birlikte bulunmaktadır. Bunun yanında DCIS tedavisi sonrası lokal nüks tespit edilen hastaların yaklaşık yarısında histomorfolojik, immünhistokimyasal ve genetik özellikleri benzer olan invaziv tümörler tespit edilmektedir[3-5]. Bunlar DCIS'nun invaziv tümörler için bir öncü olabileceğini düşündürmektedir.

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Meme koruyucu cerrahi sonrası radyoterapi, lokal nüks riskini %50 oranında azaltmakta, bu sayede tedavinin temel taşlarından birini oluşturmaktadır.

Meme koruyucu cerrahi sonrası radyoterapiye ek olarak adjuvan endokrin tedavi, lokal nüks riskini daha da azaltmaktadır. Ancak bununla birlikte endokrin tedaviye ait yan etkiler de göz önünde bulundurulmalıdır.

Tedavi seçenekleri hasta bazında belirlenmeli, risk ve faydaları ile birlikte en uygun tedavi seçilmelidir.

Anahtar Kelimeler: DCIS, In-situ duktal karsinom, DCIS cerrahi tedavi, DCIS cerrahi sınır, DCIS lokal nüks

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