Bölüm
18

MEME KORUYUCU CERRAHİ ENDİKASYONLARI VE TEKNİKLERİ

Oruç Numan GÖKÇE[1]

MEME KORUYUCU CERRAHİ

Meme kanseri tedavisinde üç amaç vardır; optimal lokal kontrol, optimal rejyonel kontrol ve uzak rekürrens riskinin uygun sistemik tedavi ile azaltılması[(1)].

Meme koruyucu cerrahi (MKC) meme kanserinin temiz cerrahi sınırlar ile temizlenmesi anlamına gelir. "Lumpektomi", "geniş lokal eksizyon", "parsiyel mastektomi", "segmental rezeksiyon", "tylektomi", "kadranektomi" terimleri MKC yerine kullanılır[(2)].

Primer tümörün ve çevre normal dokunun cerrahi eksizyonu MKC ile ardından tüm memeye radyasyon tedavisi verilmesine Meme Koruyucu Tedavi (MKT) denilir,[(3-5)] evre I ve II invaziv meme kanserlerinde mastektomiye eşdeğer survival değerlerine sahiptir[(4,6,7,8)]. Radyoterapi ile birlikte MKC günümüzde low grade meme kanserlerinde Standard tedavidir[(6,9)]. Aksiler lenf nodlarının cerrahi değerlendirilmesi MKC nin alışılagelmiş bir parçası olmakla birlikte meme ve aksillanın bağımsız değerlendirilmesi gerektiği ve aksiller lenf nodu pozitifliğinin MKC ye kontraendikasyon oluşturmadığı kararlaştırılmıştır[(3)].

MKT alan hastalar mastektomi olanlarla karşılaştırıldığında; MKT alan hastalarda ömür boyu düşük düzeyde devam eden meme içi rekürrens riski görülmüştür, lokal rekürrens riskinin fazla olmasına karşın ne uzak metastaz oluşumunda ne de genel sağ kalımda anlamlı fark bulunmamıştır[(1,5,10)].

Yapılan bir çalışmada lokal tümör rekürrensi %1-%1,5/yıl olarak gösterilmiş ve bu riskin radyoterapi kullanılmadığında belirgin arttığı belirtilmiş[(8)].

Genel sağkalıma lokal nüks nedenli negatif etkiyi sınırlamak için genel kabul yıllık lokal nüks oranının yılda %1 lerde ya da 10 yılda ≤%10 olmasıdır. Güncel toplum bazlı incelemeler ve hastane bazlı çalışmalar meme koruyucu sonrası

[1] Doktor Öğretim Üyesi, Çanakkale Onsekiz Mart Üniversitesi Tıp Fakültesi, orucnumangokce@gmail.com

KAYNAKÇA

1. Nijenhuis MV, Rutgers EJ. Who should not undergo breast conservation?. Breast. 2013;22 Suppl 2:S110-114. doi:10.1016/j.breast.2013.07.021
2. The American Society of Breast Surgeons (2015). Performance and Practice Guidelines for Breast-Conserving Surgery/Partial Mastectomy 2015. (06/01/2020 tarihinde https://www.breastsurgeons.org/docs/statements/Performance-and-Practice-Guidelines-for-Breast-Conserving-Surgery-Partial-astectomy.pdf adresinden ulaşılmıştır)
3. Schwartz GF, Veronesi U, Clough KB, et al. Proceedings of the Consensus Conference on Breast Conservation, April 28 to May 1, 2005, Milan, Italy. Cancer. 2006;107(2):242–250. doi:10.1002/cncr.21988
4. Moran MS, Schnitt SJ, Giuliano AE, et al. Society of Surgical Oncology-American Society for Radiation Oncology consensus guideline on margins for breast-conserving surgery with whole-breast irradiation in stages I and II invasive breast cancer. Int J Radiat Oncol Biol Phys. 2014;88(3):553–564. doi:10.1016/j.ijrobp.2013.11.012
5. Riedel F, Hennigs A, Hug S, et al. Is Mastectomy Oncologically Safer than Breast-Conserving Treatment in Early Breast Cancer?. Breast Care. 2017;12(6):385–390. doi:10.1159/000485737
6. Fajdic J, Djurovic D, Gotovac N, et al. Criteria and procedures for breast conserving surgery. Acta Inform Med.21(1):16–19. doi:10.5455/AIM.2013.21.16-19
7. van Maaren MC, de Munck L, de Bock GH, et al. 10 year survival after breast-conserving surgery plus radiotherapy compared with mastectomy in early breast cancer in the Netherlands: a population-based study. Lancet Oncol. 2016;17(8):1158–1170. doi:10.1016/S1470-2045(16)30067-5
8. Sakorafas GH, Tsiotou AG. Selection criteria for breast conservation in breast cancer. Eur J Surg. 2000;166(11):835–846. doi:10.1080/110241500447209
9. Rath MG, Uhlmann L, Heil J, et al. Predictors of Residual Tumor in Breast-Conserving Therapy. Ann Surg Oncol. 2015;22 Suppl 3:S451–S458. doi:10.1245/s10434-015-4736-4
10. Choi YJ, Shin YD, Song YJ. Comparison of ipsilateral breast tumor recurrence after breast-conserving surgery between ductal carcinoma in situ and invasive breast cancer. World J Surg Oncol. 2016;14:126. Published 2016 Apr 27. doi:10.1186/s12957-016-0885-6
11. Tsai HY, Kuo RN, Chung KP. Quality of life of breast cancer survivors following breast-conserving therapy versus mastectomy: a multicenter study in Taiwan. Japanese journal of clinical oncology. 2017;47(10):909-18. doi: 10.1093/jjco/hyx099.
12. Moran MS. Should triple-negative breast cancer (TNBC) subtype affect local-regional therapy decision making? American Society of Clinical Oncology educational book American Society of Clinical Oncology Annual Meeting. 2014;e32-6. doi: 10.14694/EdBook_AM.2014.34.e32.
13. Saini A, Kuske R, Quiet C, Pantoja C, Reed D, Zannis V. Outcomes by molecular subtype after accelerated partial breast irradiation using single-entry catheters. Brachytherapy. 2018;17(2):415-24. doi: 10.1016/j.brachy.2017.10.009
14. He L, Lv Y, Song Y, et al. The prognosis comparison of different molecular subtypes of breast tumors after radiotherapy and the intrinsic reasons for their distinct radiosensitivity. Cancer management and research. 2019;11:5765-75. doi: 10.2147/CMAR.S213663. eCollection 2019.
15. Gangi A, Chung A, Mirocha J, et al. Breast-conserving therapy for triple-negative breast cancer. JAMA surgery. 2014;149(3):252-8. doi: 10.1001/jamasurg.2013.3037.
16. Bhatti AB, Khan AI, Siddiqui N, et al. Outcomes of triple-negative versus non-triple-negative breast cancers managed with breast-conserving therapy. Asian Pacific journal of cancer prevention : APJCP.2014;15(6):2577-81. doi: 10.7314/apjcp.2014.15.6.2577.
17. Kim S, Park HS, Kim JY, et alI. Comparisons of Oncologic Outcomes between Triple-Negative Breast Cancer (TNBC) and Non-TNBC among Patients Treated with Breast-Conserving Therapy. Yonsei medical journal. 2016;57(5):1192-8. doi: 10.3349/ymj.2016.57.5.1192.
18. Yu TJ, Liu YY, Hu X, et al. Survival following breast-conserving therapy is equal to that following mastectomy in young women with early-stage invasive lobular carcinoma. European

journal of surgical oncology : the journal of the European Society of Surgical Oncology and the British Association of Surgical Oncology. 2018;44(11):1703-7. doi: 10.1016/j.ejso.2018.06.026 doi: 10.1016/j.ejso.2018.06.026

19. Chung MA, Cole B, Wanebo HJ, et al. Optimal surgical treatment of invasive lobular carcinoma of the breast. Annals of surgical oncology. 1997;4(7):545-50. doi: 10.1007/bf02305534
20. Wen HY, Brogi E. Lobular Carcinoma In Situ. Surgical pathology clinics. 2018;11(1):123-45. doi: 10.1016/j.path.2017.09.009
21. Flanagan MR, Rendi MH, Calhoun KE, et al. Pleomorphic Lobular Carcinoma In Situ: Radiologic-Pathologic Features and Clinical Management. Annals of surgical oncology. 2015;22(13):4263-9. doi: 10.1245/s10434-015-4552-x
22. Jobsen JJ, Scheijmans L, Smit W, et al. Breast-conserving therapy for primary Ductal Carcinoma in Situ in The Netherlands: A multi-center study and population-based analysis. Breast. 2018;42:3-9.doi: 10.1016/j.breast.2018.07.007
23. Dillon MF, Mc Dermott EW, O'Doherty A,et al. Factors affecting successful breast conservation for ductal carcinoma in situ. Annals of surgical oncology. 2007;14(5):1618-28. DOI: 10.1245/s10434-006-9246-y
24. Harris EE, Schultz DJ, Peters CA,et al. Relationship of family history and outcome after breast conservation therapy in women with ductal carcinoma in situ of the breast. International journal of radiation oncology, biology, physics. 2000;48(4):933-41. doi: 10.1016/s0360-3016(00)00726-4
25. Brekelmans CT, Voogd AC, Botke G, et al. Family history of breast cancer and local recurrence after breast-conserving therapy. The Dutch Study Group on Local Recurrence after Breast Conservation (BORST). European journal of cancer 1999;35(4):620-6.doi: 10.1016/s0959-8049(99)00008-8
26. Wang SY, Chu H, Shamliyan T, et al. Network meta-analysis of margin threshold for women with ductal carcinoma in situ. Journal of the National Cancer Institute. 2012;104(7):507-16.doi: 10.1093/jnci/djs142
27. Nayyar A, Gallagher KK, McGuire KP. Definition and Management of Positive Margins for Invasive Breast Cancer. The Surgical clinics of North America.2018;98(4):761-71.doi: 10.1016/j.suc.2018.03.008
28. Jobsen JJ, van der Palen J, Brinkhuis M,et al. Long-term effects of first degree family history of breast cancer in young women: Recurrences and bilateral breast cancer. Acta oncologica 2016;55(4):449-54.doi: 10.3109/0284186x.2015.1074281
29. The American Society of Breast Surgeons (2017). Concensus Guidelines for breast cancer lumpectomy margins. (06/01/2020 tarihinde https://www.breastsurgeons.org/docs/statements/Consensus-Guideline-on-Breast-Cancer-Lumpectomy-Margins.pdf adresinden ulaşılmıştır)
30. Houssami N, Macaskill P, Marinovich ML, et al. Meta-analysis of the impact of surgical margins on local recurrence in women with early-stage invasive breast cancer treated with breast-conserving therapy. European journal of cancer 2010;46(18):3219-32.doi: 10.1016/j.ejca.2010.07.04
31. Warrier S, Tapia G, Goltsman D, et al. An update in breast cancer screening and management. Women's health 2016;12(2):229-39.doi: 10.2217/whe.15.105
32. Rosenkranz KM, Ballman K, McCall L, Kubicky C, Cuttino L, Le-Petross H, et al. The Feasibility of Breast-Conserving Surgery for Multiple Ipsilateral Breast Cancer: An Initial Report from ACOSOG Z11102 (Alliance) Trial. Annals of surgical oncology. 2018;25(10):2858-66.doi: 10.1245/s10434-018-6583-6
33. Vila J, Gandini S, Gentilini O. Overall survival according to type of surgery in young (</=40 years) early breast cancer patients: A systematic meta-analysis comparing breast-conserving surgery versus mastectomy. Breast 2015;24(3):175-81.doi: 10.1016/j.breast.2015.02.002
34. Jones HA, Antonini N, Hart AA, et al. Impact of pathological characteristics on local relapse after breast-conserving therapy: a subgroup analysis of the EORTC boost versus no boost trial. Journal of clinical oncology : official journal of the American Society of Clinical Oncology.2009;27(30):4939-47.doi: 10.1200/jco.2008.21.5764

35. Bateni SB, Davidson AJ, Arora M, et al. Is Breast-Conserving Therapy Appropriate for Male Breast Cancer Patients? A National Cancer Database Analysis. Annals of surgical oncology.2016;26(7):2144-53.doi: 10.1245/s10434-019-07159-4
36. Fentiman IS. Surgical options for male breast cancer. Breast cancer research and treatment. 2018;172(3):539-44.doi: 10.1007/s10549-018-4952-2
37. Gomberawalla A, Liou P, Martinez R, et al. Breast conservation for male breast cancer: Case report of intraoperative radiation. The breast journal. 2018;24(1):74-7.doi: 10.1111/tbj.12847
38. Zaenger D, Rabatic BM, Dasher B,et al. Is Breast Conserving Therapy a Safe Modality for Early-Stage Male Breast Cancer? Clinical breast cancer. 2016;16(2):101-4.doi: 10.1016/j.clbc.2015.11.005
39. van Deurzen CH, Hobbelink MG, van Hillegersberg R,et al. Is there an indication for sentinel node biopsy in patients with ductal carcinoma in situ of the breast? A review. European journal of cancer. 2007;43(6):993-1001.doi: 10.1016/j.ejca.2007.01.010
40. Giuliano AE, Ballman K, McCall L, et al. Locoregional Recurrence After Sentinel Lymph Node Dissection With or Without Axillary Dissection in Patients With Sentinel Lymph Node Metastases: Long-term Follow-up From the American College of Surgeons Oncology Group (Alliance) ACOSOG Z0011 Randomized Trial. Annals of surgery. 2016;264(3):413-20.doi: 10.1097/sla.0000000000001863
41. Arisio R, Borella F, Porpiglia M, et al. Axillary Dissection vs. no Axillary Dissection in Breast Cancer Patients With Positive Sentinel Lymph Node: A Single Institution Experience. In vivo 2019;33(6):1941-7.doi: 10.21873/invivo.11689
42. Giuliano AE, Ballman KV, McCall L, et al. Effect of Axillary Dissection vs No Axillary Dissection on 10-Year Overall Survival Among Women With Invasive Breast Cancer and Sentinel Node Metastasis: The ACOSOG Z0011 (Alliance) Randomized Clinical Trial. Jama. 2017;318(10):918-26.doi: 10.1001/jama.2017.11470
43. Kraissl CJ. The selection of appropriate lines for elective surgical incisions. Plastic and reconstructive surgery. (1946). 1951; 8(1):1-28.doi: 10.1097/00006534-195107000-00001
44. Jatoi I, Kaufmann M, Petit JY. (2006). Biopsy Procedures. Atlas of Breast Surgery (s.55-61). Almanya: Springer Verlag
45. Dixon JM, Soon PSH (2006). Breast-Conserving Surgery (Fischer JE, Bland KI, Eds), Mastery of Surgery (5th ed. S.502-17). USA: Lippincott Williams & Wilkins
46. Apantaku LM. Breast-conserving surgery for breast cancer. American family physician. 2002;66(12):2271-8.
47. Landercasper J, Attai D, Atisha D, et al. Toolbox to Reduce Lumpectomy Reoperations and Improve Cosmetic Outcome in Breast Cancer Patients: The American Society of Breast Surgeons Consensus Conference. Annals of surgical oncology. 2015;22(10):3174-83.doi: 10.1245/s10434-015-4759-x
48. Shin YD, Choi YJ, Kim DH, et al. Comparison of outcomes of surgeon-performed intraoperative ultrasonography-guided wire localization and preoperative wire localization in nonpalpable breast cancer patients undergoing breast-conserving surgery: A retrospective cohort study. Medicine. 2017;96(50):e9340.doi: 10.1097/md.0000000000009340
49. Slijkhuis WA, Noorda EM, van der Zaag-Loonen H, et al. Ultrasound-guided breast-conserving surgery for early-stage palpable and nonpalpable invasive breast cancer: decreased excision volume at unchanged tumor-free resection margin. Breast cancer research and treatment. 2016;158(3):535-41.doi: 10.1007/s10549-016-3914-9
50. de Roos MA, Welvaart WN, Ong KH. Should we abandon wire-guided localization for nonpalpable breast cancer? A plea for wire-guided localization. Scandinavian journal of surgery : 2013;102(2):106-9. doi: 10.1177/1457496913482236