

BÖLÜM 10

MEME KANSERİNDE LOKAL TEDAVİ SEÇİMİNDE NÜKLEER TIP'IN YERİ

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GİRİŞ

Meme kanseri kadınlarda en sık görülen kanserdir ve kadınlarda kanser ölümlerinin ikinci en sık sebebinin oluşturmaktadır (1). Lokal meme kanserinde 5 yıllık sağkalım %80'lerde iken metastatik olgularda bu oran %25'ler civarındadır (2). Erken teşhis ve zamanında tedavi, meme kanseri hastalarının hayatta kalma oranını önemli ölçüde artırabilir. Meme kanserinin yönetimi ve prognozu, tümörün boyutuna ve derecesine, hormonal reseptör durumuna, HER2 durumuna, aksiller lenf nodu tutulumuna ve metastatik yayılıma bağlıdır (3-4).

Mamografi, ultrasonografi (USG) ve meme manyetik rezonans görüntüleme (MRG) lokal hastalığın değerlendirilmesinde kullanılan başlıca yöntemler iken, abdominal bilgisayarlı tomografi (BT) veya MRG, toraks BT, tüm vücut kemik sintigrafisi ve Flor-18 işaretli florodeoksi glukoz- Pozitron emisyon tomografisi/bilgisayarlı tomografi (FDG-PET/BT) sistemik evrelemede rol oynar. Moleküler görüntüleme, meme kanseri tespiti ve karakterizasyonu için yardımcı modalite olarak gereklidir. Tanı aracı olarak, yalnızca tam bir standart görüntüleme değerlendirmesinden sonra kullanılmalı ve biyopsiye alternatif kullanılmamalıdır (5-6).

Meme kanserinde aksiller lenf nodlarının tutulumu, lokal kontrolün sağlanması ve evrelemede ve hastalığın sağ kalımının belirlenmesinde en önemli prog-

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