BÖLÜM 11

NEOADJUVAN KEMOTERAPİ SONRASI CERRAHİ TEDAVİ

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GİRİŞ

Lokal ileri meme kanserli (T3N0 evre IIb, evre IIIa-IIIc) hastalarda kesin tedavi neoadjuvan kemoterapi olmakla birlikte; operasyona uygun ve sonrasında adjuvan kemoterapi uygulanabilecek olan daha erken evre (T1-2N0-1, evre 2IIa-b) seçilmiş tümör biyolojisi agresif triple negatif veya HER2(+) hastalara da günümüzde neoadjuvan kemoterapi uygulanmaya başlanmıştır (1,2). Her iki hasta grubunda neoadjuvan tedaviden (NAT) beklenen fayda farklıdır. İlk grup meme kanseri hastalarında kanser boyutu ve aksilla pozitifliğinde sağlanan gerileme ile hasta daha konservatif cerrahiye aday hale getirilir. Bu tedavideki temel amaç ise hastayı mastektomiden ve/veya aksiller diseksiyondan kurtarıp meme koruyucu cerrahi (MKC) veya onkoplastik rekonstruktif cerrahi ve/veya sentinel lenf nodu(SLN) diseksiyonu imkanı sağlamaktır. İkinci grup hastada ise ek olarak tümörün kemoterapiye cevabını görmek ve buna göre ek sistemik tedavi gereksimini ortaya koymaktır. HER2 pozitif rezidüel hastalıkta adjuvan TDM-1 (transtuzumab-emtansine) verilmesi ve triple negatif meme kanserinde ise adjuvan kapesitabin uygulanmasının sürviye ek katkısı gösterilmiştir (3,4). Bu tür erken evre vakalarda sağlanan yüksek tam cevap oranları nedeniyle cerrahinin deeskale edilmesi prospektif çalışmalarda araştırılmış, ancak bu konuda bir konsensüs sağlanamamıştır(5).

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