

BÖLÜM 12

HEREDİTER MEME KANSERİNDE CERRAHİ YAKLAŞIM

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GİRİŞ

Meme kanseri, 2020 yılı verilerine göre tüm kanserler arasında, yılda yaklaşık 2,3 milyon yeni olgu, %11,7'lik oran ile görülme sıklığı açısından akciğer kanserini geçerek birinci sıraya yükselmiştir (1). Meme kanseri cerrahisi, 19. yüzyılın sonlarında başlayan Halstedian paradigmalardan, 20. yüzyılın başlarında Patey ve Madden'la birlikte biyolojik paradigmaya dönüşmeye başlamıştır. Ayrıca, meme kanseri tedavisinde neoadjuvan tedavilerin yaygınlaşması, hedefe yönelik ilaçlarla tam yanıt alınma oranlarının artmasıyla “aksilla-hedefli”, genetik test sonuçlarına göre yeni tedavi edici ajanların kullanıma girmesiyle “germline mutasyon-hedefli” gibi yeni tedavi planlama şekilleri kılavuzlarda yerini almaya başlamıştır. Günümüzde, bu ilerlemelerin gerek erken evre gerekse metastatik meme kanserinde uygulanmasıyla, hastalar açısından olumlu sonuçlar alınmasına rağmen, meme kanseri konusunda bir konuda hala tam bir fikir birliği oluşturulamamış ve bu konuda bilinmeyenler çoktur: Meme kanserine predispozisyon oluşturan durumlar ve herediter meme kanseri (HMK) tedavisi. Bu bölümde, meme kanseri gelişimi açısından risk altında olan, yüksek veya orta penetranslı genetik mutasyonu olan bireylerde tarama, takip ve cerrahi tedavide güncel yaklaşımlar tartışılacaktır.

HEREDİTER MEME KANSERİ

1866 yılında Fransız Cerrah Paul Broca; eşinin aile ağacında, 1788-1856 yılları arasında, 5 jenerasyonu içeren aile bireylerinden, 24 kadından 10'unun ölüm se-

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SONUÇ

HMK ve cerrahi tedavisi konusu kişiselleştirilmiş tıp üzerine ilerleyecek bir tedavi olarak ileride daha çok tartışılacaktır. Özellikle tüm popülasyonları kapsayacak şekilde kişisel, validasyonu olan risk analizleri, mutasyonlu gen sonucuna göre risk azaltıcı medikal ve cerrahi tedaviler, hedefe yönelik tedavileri içeren klinik çalışmalar bu tartışmaların sonucu açısından önemli bilgi ve veri sağlayacaktır. Mevcut veriler ışığında, orta penetranslı genlerde mutasyonu olan bireylerin tedavi ve takip yönetimi tartışılmaya devam edecektir. Bunun dışında hem klinisyenlerin hem de hastaların eğitimi ve iş birliği bu konuda daha etkili tedaviler açısından önemli basamaklardan birisi olacaktır. Bu tedavilerin uygulanmasında meme cerrahı, plastik cerrah, radyolog, jinekolog, onkolog, psikolog, genetik danışmanlar ve özel hemşirelerin de bulunduğu multidisipliner yaklaşımla üst düzey fayda sağlanabileceği unutulmamalıdır.

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