BÖLÜM 21

İN SİTU DUKTAL KARSİNOMDA (DCIS) RADYOTERAPİNİN ROLÜ

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Etyoloji ve Epidemiyoloji

Tarama programlarının ve mammografik görüntülemenin giderek yaygınlaşmasıyla duktal karsinoma in situ (DCIS) sıklığı da giderek artma eğilimindedir ve tüm meme kanseri olgularının yaklaşık %25'sini oluşturmaktadır. Tanıda daha çok mamografik olarak saptanan mikrokalsifikasyonlar yol gösterici olabilirken; hastaların ancak %1-2 'sine ele gelen kitle ile tanı konulabilmektedir (1). Risk faktörleri arasında, invaziv meme kanserine de benzer şekilde aile öyküsü, artmış meme yoğunluğu, obesite, hiç doğum yapmamış olmak ya da ilk doğumun geç yaşta olması, BRCA 1 ve 2 gen mutasyonuna sahip olmak gibi özellikler bulunmaktadır.

Biyolojik Özellikler

Duktal karsinoma in situ patolojik olarak atipik hiperplaziler ile invaziv karsinomlar arasındaki yelpazede yer almaktadır. Yapısal özelliklerine göre komedo, solid, kribriform, mikropapiller vb. alt tipleri bulunmaktadır (2). Östrojen reseptör ekspresyonu hastaların % 80-90'ında görülmekte ve bu grupta daha iyi prognostik seyir ve tamoksifenden daha fazla yararlanım gözlendiği bildirilmektedir (3). HER2 durumunu prognoza etkisine dair henüz net kanıtlar bulunmamakta-

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DCIS % 95 üzerinde sağ kalım oranlarına sahip non invaziv bir hastalıktır. Tedavide standart yaklaşım uygun hastalarda meme koruyucu cerrahi ve adjuvan radyoterapidir. Biyolojik ve genomik çalışmalar ışığında hangi hastaların RT'den daha fazla yararlanacağı, teknolojik gelişmelerin tedaviye entegrasyonu vb konular halen araştırılmaya devam etmektedir.

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