BÖLÜM 23

MEME KORUYUCU CERRAHİ SONRASI RADYOTERAPİ UYGULAMALARI

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GİRİŞ

Meme kanserinin lokal ve bölgesel tedavisinde cerrahi ve radyoterapi (RT) önemli rol oynamaktadır. Özellikle erken evre meme kanserlerine cerrahi yaklaşımda meme koruyucu cerrahi (MKC) önemli bir yere sahiptir, mastektomi ile karşılaştırıldığında anlamlı sağkalım farkının olmaması bu yaklaşımı desteklemektedir (1). RT uygulanmasının kontrendike olmadığı meme kanserli hastalarda MKC'ye adjuvan RT eklenmesi lokal ve bölgesel nüks oranlarını azalmaktadır (2, 3). MKC sonrası tüm meme ışınlaması (TMI) ile yüksek riskli hastalarda tümör yatağına boost uygulanması lokal kontrolün sağlanmasına önemli katkı sağlamaktadır (4-6).

MEME KORUYUCU CERRAHİ SONRASI RADYOTERAPİ

Tüm Meme Işınlaması

Meme koruyucu cerrahi sonrası lokal kontrolde tamamlayıcı yaklaşım TMI (± boost) veya akselere parsiyel meme ışınlamasıdır (7, 8). TMI, konvansiyonel ve hipofraksiyone olarak uygulanabilmektedir (9-11). Hipofraksiyone RT'nin invaziv meme kanseri tedavisinde etkin olduğu yapılan çalışmalarda bildirilmiştir (7, 9, 10). Duktal karsinoma in situ (DKİS) tanılı hastalarda da konvansiyonel ışınlama ile hipofraksiyone RT arasında lokal nüks açısından fark olmadığı raporlanmıştır

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Hipofraksiyone RT ile 15-16 fraksiyonda 40-42,5 Gy genç hastalar da dâhil olmak üzere meme hastalarında etkili ve güvenlidir. Her iki yaklaşım arasında yan etki ve toksisite açısından bir fark ortaya konmamıştır. Yüksek riskli olan hastalarda tümör yatağına 60-66 Gy veya biyolojik eşdeğer dozu kullanılarak boost uygulanması lokal kontrolü arttırmaktadır.

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