

BÖLÜM 27

MEME KANSERİNDE HİPOFRAKSİYONE RADYOTERAPİ

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GİRİŞ

Meme kanseri kadınlar arasında en sık görülen ve ikinci en sık ölüm sebebi olan kanser türüdür (1). Mastektomi sonrası uygulanan radyoterapinin (RT) lokal yenelemeyi ve kanser mortalitesini düşürdüğü çeşitli çalışmalarla kanıtlanmıştır (2,3). Hipofraksiyone (HF) rejimlerin önemi tedavi süresini kısaltarak maliyetleri düşürürken konvansiyonel rejimle eşdeğer etkinlik sunmaktır. Ancak bunu gerçekleştirirken oluşan erken ve özellikle geç yan etkilerin de tolere edilebilir düzeyde olmalıdır.

HF rejimler parsiyel meme ışınlamasında da kullanılmasına rağmen kitabımızın başka bölümünde ele alınmıştır. Bu nedenle bu bölümün ana konusu parsiyel ve total mastektomi sonrası HF tedavinin etkinliği, oluşan yan etkiler (kötü kozmetik sonuçlar, lenfödem, kardiyopulmoner hasar, brakial pleksopati ve kosta fraktürü... vb), klinik uygulamadaki yeri ve maliyet-etkinlik analizi olarak belirlenmiştir.

Prostat kanserinde de gösterildiği gibi meme tümörü klonojenlerinin fraksiyonasyon (fr) duyarlılığı geç etkilenen normal dokularla benzerdir ve HF rejimler daha çok α/β oranı düşük bu tür tümörlerde işe yaramaktadır. Daha önceki çalışmalarda belirtildiği üzere meme tümörünün α/β oranı yaklaşık 4 Gy olarak hesaplanmıştır (4). Bu değer START (5,6) çalışmalarında da onaylanmış ve HF rejimlerin konvansiyonel rejimlerle eşdeğer etkinliğe sahip oldukları hipotezi-

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Son olarak Çin'de genişletilmiş lenf nodu bölgesini test eden SUCLANODE (66) adlı çalışmada kalan meme ya da göğüs duvarı, internal mamaryen lenf nodları ile birlikte diseke edilmemiş aksilla ve medyal supraklaviküler alan ile tüm supraklaviküler alan (posterolateral supra alanı da eklenmiş) karşılaştırılmaktadır. Teknik olarak 50 Gy/25 fr ya da 42.5 Gy/16 fr YART kullanılacaktır. Primer sonlanım noktası beş yıllık hastalıksız sağkalım ikincil sonlanım ise beş yıllık genel sağkalımdır. Hasta seçim kriteri opere edilmiş (MKC ya da total mastektomi), implant konmuş ya da konmamış T1-3N0-3b evresinde invazif meme karsinomlu hastalar alınacaktır.

SONUÇ

Meme kanserinde adjuvan radyoterapinin yeri tartışmasızdır. Yarım asırı aşkın süredir kullanılan güvenli doz günlük 2 Gy'in geç etkilenen normal dokuları korurken tümörü de bir miktar koruduğu ve meme kanserinin α/β oranının 3-4 Gy olduğunun anlaşılması üzerine tedavi bekleme süreleri çok uzun olan İngiltere'de başlayan HFRT denemeleri hem etkinlik hem de geç dönem toksisitesi açısından yüz güldürücü sonuçlar vermiştir. Süreyi kısalttığı gibi maliyeti düşürdüğü, tedavi merkezlerine gidiş gelişi azalttığı için hasta uyumunu, tedaviye devamlılığını ve yaşam kalitesini de arttırmıştır. İngiltere ve Kanada'da hızla rutine giren HFRT rejimlerinden en çok kabul gören, etkinlik ve güvenilirlik açısından en çok test edilip kabul görmüş ve NCCN 2.2022 (67) kılavuzunda da yer alan 40 Gy/15 fr ve 42.56 Gy/16 fr'dur. İmplant uygulanan, lokal-bölgesel lenf nodu ışınlanması gereken, boost ihtiyacı olan ya da duktal karsinoma in situ tanımlı hastalardaki en uygun uygulama konusunda çalışmalar sürmektedir. Prostat kanserinde olduğu gibi ılımlı HF rejimlerinden sonra ultra HF rejimlerden de olumlu sonuçlar elde edilmesi üzerine bu alanda da çalışmalar çeşitlendirilmiş ve hızla test edilmeye başlanmıştır. Yakın gelecekte tüm bu çalışmaların sonuçları yayınlandığında en etkin ve güvenli rejim rutin pratiğimize girecektir.

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