

BÖLÜM 30

İNTRAOPERATİF RADYOTERAPİ UYGULAMALARINDA CERRAHİ

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MEME CERRAHİSİNİN TEDAVİDE YERİ

Meme kanseri tedavisinde hedef en etkin minimal invazif ve en iyi kozmetik ile en az nüks, aynı zamanda en çok hastalısız ve toplam sağ kalımdır.

Meme kanserinin cerrahi tedavisinde 19. yüzyılın sonlarında tek tedavi seçeneği olan, 1882 da ilk kez Halsted tarafından tanımlanan radikal mastektomi 1940'lara dek standart cerrahi tedavi olarak devam etti, daha sonra modifiye edildi, ancak bugünkü meme cerrahisi anlayışımıza göre oldukça fazla doku çıkaran, her seferinde memenin ve arkasındaki kasların alındığı ve aksilla kürajinin de yapılmasından dolayı yüksek morbiditesi vardı(1). 1970'lerde Fisher tarafından ileri sürülen meme kanserinin lokal değil sistemik bir hastalık olduğu hipotezle daha geniş cerrahinin daha yararlı olmadığını gösterdi, bununla birlikte Meme Koruyucu Tedavi (MKT) kavramı ile tanıştık. Bu kavramın iki bileşeni vardır, Meme Koruyucu Cerrahi (MKC) ve Radyoterapi (RT). İlk uygulamalarda küçük tümörlerde memenin o kadranı çıkarılıyor, ardından radyoterapi yapılıyordu, Kadranektomi yani tümörün bulunduğu bölümün deri ile çıkarılması yaklaşımı kısa sürede değişikliğe uğradı, yerini tümörün geniş eksizyonuna bıraktı. Bu önemli değişimlerin sürecinde MKC, birçok prospektif randomize çalışmada mastektomi ile kıyaslandı (2-3).

Bu alanda yapılan çalışmalar içinde en geniş kapsamlı olanı NSABP-B06 dır. Bu çalışmada, 1871 meme kanseri tanılı kadın 3 grupta randomize edilmiş, cerra-

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seçenektir. Sadece teknik olarak uygulama özelliği ile değil hem uygulanan hastanın hem de aynı merkezde tedavi gören diğer hastaların tedavisi için IORT, daha fazla zaman sağlayarak hizmet kalitesini arttırmak suretiyle kaynakların doğru kullanımı bakımından da faydalıdır (27,28).

Meme Cerrahisi ve Onkolojisi alanında çalışan ve tüm tedavi kararlarını birlikte alan ekipler tarafından uygulanmalı, IORT ekibinde yer alan cerrahlar, MKC ve OPC konusunda deneyimli olmalıdır.

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