

## BÖLÜM 31

# MEME KANSERİNDE İNTRAOPERATİF RADYOTERAPİ

Berna AKKUŞ YILDIRIM<sup>1</sup>  
Mustafa Halil AKBÖRÜ<sup>2</sup>

### GİRİŞ

Adjuvan radyoterapinin (RT) sadece bölgesel nüksleri azaltmakla kalmayıp, aynı zamanda on yıllardır standart tedavi paradigmasının bir parçası olup erken evreden lokal ileri meme kanserine kadar tüm evrelerde sağkalımı artırdığı çalışmalarda gösterilmiştir (1,2). Bununla birlikte, son yıllarda RT teknikleri meme kanserinin tüm evrelerinde gelişme de özellikle erken evre meme kanserinde, standart 6-7 haftalık tüm meme radyoterapisi (WBI) uygulaması yerine hem tedavi süresini 1- 3 haftaya indirmek, hem de potansiyel olarak tedavi toksisitelerini azaltabilmek için hipofraksiyone WBI (HWBI) ya da kısmi meme ışınlamaları (PBI) denenmiş ve başarılı sonuçlar alınmıştır (2,3,4).

1990 yılından itibaren erken evre seçilmiş meme kanserli hastalarda PBI uygun bir tedavi seçeneği olarak düşünülmüştür. Literatürde lumpektomi sonrası lumpektomi yatağı ve çevresi olarak belirlenen hedef hacime RT uygulanmasına yönelik çok sayıda araştırma mevcut olup; intraoperatif radyoterapi (İORT) de bu tekniklerden biridir. İORT ile diğer akselere parsiyel meme ışınlama (APBI) teknikleri arasındaki en büyük fark, prosedürün zamanlamasıdır. İORT çoğunlukla meme cerrahisi sırasında tek doz olarak uygulanırken, diğer APBI tekniklerinde hedef hacimler tipik olarak BT görüntülerine göre belirlenip ameliyat sonrası çok-

<sup>1</sup> Doç. Dr., Prof. Dr. Cemil Taşcıoğlu Şehir Hastanesi Radyasyon Onkolojisi Bölümü  
bernaakkus@yahoo.com

<sup>2</sup> Dr., Prof. Dr. Cemil Taşcıoğlu Şehir Hastanesi Radyasyon Onkolojisi Bölümü  
halilakboru@hotmail.com

Son yıllarda postoperatif hipofraksiyone meme RT'si hem etkinliği, hem yan etki azlığı hem de maliyeti açısından kabul görmüş ve kılavuzlardaki yerini almıştır. Ancak İORT henüz yetersiz randomize çalışmaları ve bu çalışmalardaki yüzgüldürücü olmayan sonuçları nedeniyle yeteri kadar kabul görmemiştir. Uluslararası kılavuzlarda bile yeri “prospektif çalışmalarda kullanılabilir” ibaresinin ötesine geçmemiştir. Maliyet-etkin bir yöntem olması nedeniyle devam eden çalışmalar lehine sonuçlanırsa tedavi protokollerindeki yerini alacaktır.

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