

BÖLÜM 5

NADİR MEME TÜMÖRLERİ

Fatma AKDAĞ KAHVECİOĞLU¹

GİRİŞ

Meme kanseri en sık teşhis edilen kanserdir ve kadınlarda kanser ölümünün önde gelen nedenidir. Amerika Birleşik Devletleri'nde meme kanseri en sık teşhis edilen kanser ve kadınlarda kanser ölümünün ikinci en yaygın nedenidir (1). İnvaziv meme kanseri (BC), farklı biyolojik ve patolojik özellikleri olan heterojen bir hastalık grubudur. Meme tümörlerinin çoğu meme duktal epitelinden, özellikle terminal duktal-lobüler ünitesinden köken almaktadır. En sık görülen histolojik tip invaziv duktal karsinoma (spesifik olmayan tip (NOS) olarak ta tanımlanan infiltratif duktal karsinoma olup olguların %75'ini oluşturmaktadır. İkinci en sık görülen histolojik epitelial tip invaziv lobüler karsinoma olup olguların %5-15'ini kapsamaktadır (2). Diğer bazı histolojik tipler kalan invaziv meme kanserlerini oluşturmaktadır. Bunlar arasında tübüler karsinom, müsinöz karsinom, medüller karsinom, invaziv mikropapiller karsinom, metaplastik karsinom, adenoid kistik karsinom, sekretuar karsinom ve diğerleri bulunur.

Meme kanserinde histopatolojik sınıflamanın prognostik değeri vardır (3). Tümör biyolojisi meme kanseri tedavisinin ana belirleyicisidir. İmmünohistokimya (IHC) temelinde, BC, en az 3 ana grubu içermektedir: Hormon reseptörü (HR)-pozitif, insan epidermal büyüme faktörü reseptörü2 (HER-2)-pozitif ve triple-negatif hastalık (HR ve HER-2-negatif).

Spesifik neoplazilerin çoğunun nadir olması, optimal tedaviyi de tanımlamak için büyük veya randomize çalışmalara izin vermez. Bu kanserlerin tanımlarının birçoğu olgu sunumlarından ve küçük serilerden oluşmaktadır. Metaplastik karsinomun bazı çok nadir alt tipleri (örneğin, düşük dereceli adenoskuamöz ve düşük dereceli fibromatozis benzeri karsinom), adjuvan sistemik tedaviler olmadan olumlu bir prognoza sahiptir (4).

¹ Uzm. Dr., Sakarya Üniversitesi Tıp Fakültesi Tıbbi Onkoloji BD, fatmaakdag_87@hotmail.com

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