BÖLÜM 43

MEME KANSERİNDE LUMPEKTOMİ

Gözde ERTUNÇ [1]

GİRİŞ

Meme kanserinde meme koruyucu terapi (MKT); meme koruyucu cerrahi (MKC) (örn: lumpektomi, parsiyel/segmental mastektomi) ve rezidü hastalığın eradikasyonu için tipik olarak uygulanan radyoterapi (RT)'yi tanımlamaktadır. Erken evre meme kanserli hastalarda mastektomiye alternatif olarak geliştirilmiştir. Lumpektomi, sağlam meme dokusu arasından kanserli veya anormal dokuyu cerrahi olarak çıkarma işlemidir ve anormal veya kanserli doku beraberinde sirkümfarensiyel olarak bir miktar sağlam dokunun da çıkarılması ile gerçekleştirilir (1). Bu bölümde lumpektomi kime uygulanır, preoperatif, peroperatif ve postoperatif yönetimi nasıldır, onu tartışacağım.

ENDİKASYONLAR

Meme kanserinde MKC için endikasyondan daha çok kontrendikasyonlar ameliyat kararı için değerlendirmeye alınır. İnflamatuar meme kanserinde kesinlikle MKC uygulanmaz. Neoadjuvan kemoterapiye (KT) tam yanıt alınmış olsa bile modifiye radikal mastektomi (MRM) uygulanır ve sonrasında RT verilir (1).

Tek bir insizyon ile kapsanamayacak şekilde memenin ayrı kadranlarında olan iki veya daha fazla odaklı hastalık (multisentrik) durumunda MKC yapılmaz (2).

Mamografide yaygın malign mikrokalsifikasyonların varlığı kontrendikasyon olarak değerlendirilir (3).

Etkilenen memenin bir kısmını kapsayan, önerilen tedaviyle birleştiğinde göğüs duvarına aşırı yüksek toplam radyasyon dozuyla sonuçlanacak daha önce terapötik RT öyküsü olması MKC kontrendikasyonudur (4).

Hamilelikte ilk trimesterde meme kanseri teşhisi alan hastalar mastektomi ile tedavi edilmelidir. 2. ve 3. trimesterde teşhis edilen meme kanseri MKC, adjuvan KT ve doğum sonrasında RT veya neoadjuvan KT ardından ameliyat, doğum sonrası RT ile tedavi edilebilir (5).

MKC sonrası çok sayıda re-eksizyon girişimine rağmen kalıcı olarak pozitif rezeksiyon sınırlanın varlığında mastektomi uygulanır (6-7).

Bağ dokusu hastalığı öyküsü olan bazı hastalar ışınlamayı zayıf bir şekilde tolere eder ve bu nedenle özellikle skleroderma ve sjögren hastalığında kontrendikedir (8-9).

[1] Op. Dr., Gaziantep Dr. Ersin Arslan Eğitim ve Araştırma Hastanesi, Cerrahi Onkoloji Kliniği, gzdrtnc@gmail.com, ORCID iD: 0000-0002-7982-0380

KAYNAKLAR

1. Rosenkranz KM, Ballman K, McCall L, et al. The Feasibility of Breast-Conserving Surgery for Multiple Ipsilateral Breast Cancer: An Initial Report from ACOSOG Z11102 (Alliance) Trial. Ann Surg Oncol 2018; 25:2858.
2. Rosenkranz KM, Ballman K, McCall L, et al. Cosmetic Outcomes Following Breast-Conservation Surgery and Radiation for Multiple Ipsilateral Breast Cancer: Data from the Alliance Z11102 Study. Ann Surg Oncol 2020; 27:4650.
3. Boughey JC, Rosenkranz KM, Ballman KV, et al. Local Recurrence After Breast-Conserving Therapy in Patients With Multiple Ipsilateral Breast Cancer: Results From ACOSOG Z11102 (Alliance). J Clin Oncol 2023; 41:3184.
4. Arthur DW, Winter KA, Kuerer HM, et al. NRG Oncology-Radiation Therapy Oncology Group Study 1014: 1-Year Toxicity Report From a Phase 2 Study of Repeat Breast-Preserving Surgery and 3-Dimensional Conformal Partial-Breast Reirradiation for In-Breast Recurrence. Int J Radiat Oncol Biol Phys 2017; 98:1028.
5. Coopey S, Smith BL, Hanson S, et al. The safety of multiple re-excisions after lumpectomy for breast cancer. Ann Surg Oncol 2011; 18:3797.
6. Chen AM, Obedian E, Haffty BG. Breast-conserving therapy in the setting of collagen vascular disease. Cancer J 2001; 7:480.
7. Phan C, Mindrum M, Silverman C, et al. Matched-control retrospective study of the acute and late complications in patients with collagen vascular diseases treated with radiation therapy. Cancer J 2003; 9:461.
8. Wo J, Taghian A. Radiotherapy in setting of collagen vascular disease. Int J Radiat Oncol Biol Phys 2007; 69:1347.
9. Morrow M, Strom EA, Bassett LW, et al. Standard for breast conservation therapy in the management of invasive breast carcinoma. CA Cancer J Clin 2002; 52:277.
10. McLaughlin SA. Surgical management of the breast: breast conservation therapy and mastectomy. Surg Clin North Am 2013; 93:411.
11. Alm El-Din MA, Taghian AG. Breast conservation therapy for patients with locally advanced breast cancer. Semin Radiat Oncol 2009; 19:229.
12. Newman LA. Decision Making in the Surgical Management of Invasive Breast Cancer-Part 2: Expanded Applications for Breast-Conserving Surgery. Oncology (Williston Park) 2017; 31:415.
13. Gage I, Recht A, Gelman R, et al. Long-term outcome following breast-conserving surgery and radiation therapy. Int J Radiat Oncol Biol Phys 1995; 33:245.
14. Cao JQ, Olson RA, Tyldesley SK. Comparison of recurrence and survival rates after breast-conserving therapy and mastectomy in young women with breast cancer. Curr Oncol 2013;20:e593.
15. Cao JQ, Truong PT, Olivotto IA, et al. Should women younger than 40 years of age with invasive breast cancer have a mastectomy? 15-year outcomes in a population-based cohort. Int J Radiat Oncol Biol Phys 2014; 90:509.
16. Varga Z, Mallon E. Histology and immunophenotype of invasive lobular breast cancer. daily practice and pitfalls. Breast Dis 2008-2009; 30:15.
17. Park CC, Mitsumori M, Nixon A, et al. Outcome at 8 years after breast-conserving surgery and radiation therapy for invasive breast cancer: influence of margin status and systemic therapy on local recurrence. J Clin Oncol 2000; 18:1668.
18. Pierce LJ, Phillips KA, Griffith KA, et al. Local therapy in BRCA1 and BRCA2 mutation carriers with operable breast cancer: comparison of breast conservation and mastectomy. Breast Cancer Res Treat 2010; 121:389.
19. Kapoor NS, Eaton A, King TA, et al. Should breast density influence patient selection for breast-conserving surgery? Ann Surg Oncol 2013; 20:600.
20. Newman LA. Decision Making in the Surgical Management of Invasive Breast Cancer-Part 1: Lumpectomy, Mastectomy, and Contralateral Prophylactic Mastectomy. Oncology (Williston Park) 2017; 31:359.
21. Scarth H, Cantin J, Levine M, Steering Committee on Clinical Practice Guidelines for the Care and Treatment of Breast Cancer. Clinical practice guidelines for the care and treatment of breast cancer: mastectomy or lumpectomy? The choice of operation for clinical stages I and II breast cancer (summary of the 2002 update). CMAJ 2002; 167:154.
22. Roughton MC, Shenaq D, Jaskowiak N, et al. Optimizing delivery of breast conservation therapy: a multidisciplinary approach to oncoplastic surgery. Ann Plast Surg 2012; 69:250.
23. Fancellu A, Soro D, Castiglia P, et al. Usefulness of magnetic resonance in patients with invasive cancer eligible for breast conservation: a comparative study. Clin Breast Cancer 2014; 14:114.
24. Pilewskie M, King TA. Magnetic resonance imaging in patients with newly diagnosed breast cancer: a review of the literature. Cancer 2014; 120:2080.
25. Hage AN, Capriccioso C, Brennan J, et al. Impact of neoadjuvant chemotherapy on surgical outcomes among patients with hormone receptor positive breast cancer. J Surg Oncol 2017; 116:665.
26. Spring LM, Gupta A, Reynolds KL, et al. Neoadjuvant Endocrine Therapy for Estrogen Receptor-Positive Breast Cancer: A Systematic Review and Meta-analysis. JAMA Oncol 2016; 2:1477.
27. Anderson BO, Masetti R, Silverstein MJ. Oncoplastic approaches to partial mastectomy: an overview of volume-displacement techniques. Lancet Oncol 2005; 6:145.
28. Hansen JE. Avoiding the Unfavorable Outcome with Wise Pattern Breast Reduction. Clin Plast Surg 2016; 43:349.
29. Cowen D, Houvenaeghel G, Bardou V, et al. Local and distant failures after limited surgery with positive margins and radiotherapy for node-negative breast cancer. Int J Radiat Oncol Biol Phys 2000; 47:305.
30. Singletary SE. Surgical margins in patients with early-stage breast cancer treated with breast conservation therapy. Am J Surg 2002; 184:383.
31. Bodilsen A, Bjerre K, Offersen BV, et al. Importance of margin width in breast-conserving treatment of early breast cancer. J Surg Oncol 2016; 113:609.

32. Moran MS, Schnitt SJ, Giuliano AE, et al. Society of Surgical Oncology-American Society for Radiation Oncology consensus guideline on margins for breast-conserving surgery with whole-breast irradiation in stages I and II invasive breast cancer. J Clin Oncol 2014; 32:1507.
33. Jagsi R, Smith BD, Sabel M, Pierce L. Individualized, patient-centered application of consensus guidelines to improve the quality of breast cancer care. Int J Radiat Oncol Biol Phys 2014; 88:535.
34. Hunt KK, Sahin AA. Too much, too little, or just right? Tumor margins in women undergoing breast-conserving surgery. J Clin Oncol 2014; 32:1401.
35. Morrow M, Van Zee KJ, Solin LJ, et al. Society of Surgical Oncology-American Society for Radiation Oncology-American Society of Clinical Oncology Consensus Guideline on Margins for Breast-Conserving Surgery with Whole-Breast Irradiation in Ductal Carcinoma In Situ. Ann Surg Oncol 2016; 23:3801.
36. Pesce CE, Liederbach E, Czechura T, et al. Changing surgical trends in young patients with early stage breast cancer, 2003 to 2010: a report from the National Cancer Data Base. J Am Coll Surg 2014; 219:19.
37. Baker JL, Dizon DS, Wenziger CM, et al. "Going Flat" After Mastectomy: Patient-Reported Outcomes by Online Survey. Ann Surg Oncol 2021; 28:2493.
38. Clough KB, Kaufman GJ, Nos C, et al. Improving breast cancer surgery: a classification and quadrant per quadrant atlas for oncoplastic surgery. Ann Surg Oncol 2010; 17:1375.
39. Urban C, Anselmi KF, Kroda F, et al. Oncoplasty as the standard of care in breast cancer surgery. Eur Oncol Haematol 2014; 10:43.
40. Weber WP, Soysal SD, El-Tamer M, et al. First international consensus conference on standardization of oncoplastic breast conserving surgery. Breast Cancer Res Treat 2017; 165:139.
41. Noguchi M, Yokoi-Noguchi M, Ohno Y, et al. Oncoplastic breast conserving surgery: Volume replacement vs. volume displacement. Eur J Surg Oncol 2016; 42:926.
42. Cross MJ, Lebovic GS, Ross J, et al. Impact of a Novel Bioabsorbable Implant on Radiation Treatment Planning for Breast Cancer. World J Surg 2017; 41:464.
43. Grisotti A. Conservation treatment of breast cancer: Reconstructive problems. In: Surgery of the Breast: Principle and Art, 2nd ed, Spear SL (Ed), Lippincott Williams and Wilkins, Philadelphia 2006. p.137.
44. Houssami N, Macaskill P, Marinovich ML, Morrow M. The association of surgical margins and local recurrence in women with early-stage invasive breast cancer treated with breast-conserving therapy: a meta-analysis. Ann Surg Oncol 2014; 21:717.
45. Landercasper J, Whitacre E, Degnim AC, Al-Hamadani M. Reasons for re-excision after lumpectomy for breast cancer: insight from the American Society of Breast Surgeons Mastery(SM) database. Ann Surg Oncol 2014; 21:3185.
46. Abe SE, Hill JS, Han Y, et al. Margin re-excision and local recurrence in invasive breast cancer: A cost analysis using a decision tree model. J Surg Oncol 2015; 112:443.
47. Landercasper J, Attai D, Atisha D, et al. Toolbox to Reduce Lumpectomy Reoperations and Improve Cosmetic Outcome in Breast Cancer Patients: The American Society of Breast Surgeons Consensus Conference. Ann Surg Oncol 2015; 22:3174.
48. KRAISSL CJ. The selection of appropriate lines for elective surgical incisions. Plast Reconstr Surg (1946) 1951; 8:1.
49. The National Day Surgery Delivery Pack (2020)
50. www.slideshare.net/NHSImprovement/delivering-major-breast-surgery-safely-as-a-day-case-or-one-night-stay-excluding-reconstruction
51. The British Association of Day Surgery. Breast surgery. In BADS Directory of Procedures Sixth Edition, 3 (2019).
52. Jonczyk MM, Fisher CS, Babbitt R, et al. Surgical Predictive Model for Breast Cancer Patients Assessing Acute Postoperative Complications: The Breast Cancer Surgery Risk Calculator. Ann Surg Oncol 2021; 28:5121.
53. van Bemmel AJ, van de Velde CJ, Schmitz RF, Liefers GJ. Prevention of seroma formation after axillary dissection in breast cancer: a systematic review. Eur J Surg Oncol 2011; 37:829.
54. Boostrom SY, Throckmorton AD, Boughey JC, et al. Incidence of clinically significant seroma after breast and axillary surgery. J Am Coll Surg 2009; 208:148.
55. Pawloski KR, Matar R, Sevilimedu V, et al. Postdischarge Nonsteroidal Anti-Inflammatory Drugs Are not Associated with Risk of Hematoma after Lumpectomy and Sentinel Lymph Node Biopsy with Multimodal Analgesia. Ann Surg Oncol 2021; 28:5507.
56. Jonczyk MM, Jean J, Graham R, Chatterjee A. Trending Towards Safer Breast Cancer Surgeries? Examining Acute Complication Rates from A 13-Year NSQIP Analysis. Cancers (Basel) 2019; 11.
57. Keidan RD, Hoffman JP, Weese JL, et al. Delayed breast abscesses after lumpectomy and radiation therapy. Am Surg 1990; 56:440.
58. de Glas NA, Kiderlen M, Bastiaannet E, et al. Postoperative complications and survival of elderly breast cancer patients: a FOCUS study analysis. Breast Cancer Res Treat 2013; 138:561.