

MEME KANSERİNİN CERRAHİ TEDAVİSİ

2.

BÖLÜM

Mehmet Ali ERYILMAZ¹

Meme kanseri tüm dünya da kadınlarda en sık görülen kanserdir. Kadınlarda kansere bağlı ölüm nedenleri arasında da ilk sıralarda yer alır(1).

Meme kanseri multidisipliner yaklaşım gerektiren sistemik bir hastalıktır. Meme kanserinin kapsamlı tedavisinin önemli bir parçası cerrahidir. Meme kanseri cerrahi tekniği sürekli olarak gelişmekte ve zenginleşmektedir. Son yüzyılda minimal cerrahi müdahale ve tatmin edici kozmetik sonuçlar elde etmek amacıyla meme ameliyatı minimal invaziv tedavi ve estetiğe odaklanmaktadır.

Bu bölüm; mastektomi, modifiye radikal mastektomi, meme koruyucu cerrahi, sentinel lenf nodu diseksiyonu, onkoplastik teknikler ve meme rekonstrüktif cerrahi gibi en sık uygulanan cerrahi prosedürlere genel bir bakış sunmaktadır.

Meme Kanserinin Cerrahi Tedavisinin Geçirdiği Aşamalar

Meme kanseri 1800' lü yıllarda lokal bir hastalık olarak düşünüldüğü için tedavisi lokal olarak yapılıyordu. Kitlenin olduğu bölge geniş olarak eksize edilerek veya basit mastektomi yapılarak tedavi edilen hastalarda lokal nüksler sık görülmüyordu.

William Halsted (1894'te yayınladığı bilgilerde) meme kanserini lokal bir hastalık olarak düşünmüş fakat daha geniş eksizyonlar gerektiğini savunmuştur. Bu nedenle, memenin üzerini kaplayan deri dokusu ile beraber tamamen çıkartılmasını, pektoralis major ve minor kaslarının eksizyonunu ve level I, II, III aksiler lenf nodu diseksiyonunu içeren radikal mastektomiye hastalarına uygulamıştır.

¹ Doç. Dr. Mehmet Ali ERYILMAZ, Sağlık Bilimleri Üniversitesi Konya Şehir Hastanesi Genel Cerrahi Bölümü, mali_eryilmaz@hotmail.com

Kaynaklar

1. Siegel RL, Miller KD, Jemal A. Cancer statistics, 2020. *CA Cancer J Clin* 2020; 70:7.
2. Fisher B, Jeong JH, Anderson S, et al. Twenty-fiveyear follow-up of a randomized trial comparing radical mastectomy, total mastectomy, and total mastectomy followed by irradiation. *N Engl J Med* 2002;347:567-75.
3. Fisher B, Anderson S, Bryant J, et al. Twenty-year followup of a randomized trial comparing total mastectomy, lumpectomy, and lumpectomy plus irradiation for the treatment of invasive breast cancer. *N Engl J Med* 2002;347:1233-41.
4. Veronesi U, Cascinelli N, Mariani L, et al. Twentyyear follow-up of a randomized study comparing breastconserving surgery with radical mastectomy for early breast cancer. *N Engl J Med* 2002;347:1227-32.
5. Litière S, Werutsky G, Fentiman IS, et al. Breast conserving therapy versus mastectomy for stage I-II breast cancer: 20 year follow-up of the EORTC 10801 phase 3 randomised trial. *Lancet Oncol* 2012;13:412-9.
6. Li JP, Li H, Zeng T, et al. Study of breast conserving surgery after neoadjuvant chemotherapy for advance breast cancer. *Hainan Med J* 2013;24:1435-7.
7. Schnitt SJ, Moran MS, Houssami N, et al. The 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: Perspectives for Pathologists. *Arch Pathol Lab Med* 2015;139:575-7.
8. Bodilsen A, Bjerre K, Offersen BV, et al. Importance of margin width in breast-conserving treatment of early breast cancer. *J Surg Oncol* 2016;113:609-15.
9. Chagpar AB, Killelea BK, Tsangaris TN, et al. A Randomized, Controlled Trial of Cavity Shave Margins in Breast Cancer. *N Engl J Med* 2015;373:503-10.
10. Kolben T, Schwarz TM, Goess C, et al. Surgical management of ipsilateral breast tumor recurrence. *Int J Surg* 2015;23:141-6.
11. van Maaren MC, de Munck L, de Bock GH, et al. Higher 10-year overall survival after breast conserving therapy compared to mastectomy in early stage breast cancer: A population-based study with 37,207 patients. *Cancer Res* 2016;76:S3-05.
12. Fortunato L, Loreti A, Andrich R, et al. When mastectomy is needed: is the nipple-sparing procedure a new standard with very few contraindications? *J Surg Oncol*. 2013;108:207–212. [PubMed] [Google Scholar].
13. 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.
14. Yang X, Zhu C, Gu Y. The prognosis of breast cancer patients after mastectomy and immediate breast reconstruction: a meta-analysis. *PLoS One* 2015;10:e0125655.
15. Brennan ME, Houssami N, Lord S, et al. Magnetic resonance imaging screening of the contralateral breast in women with newly diagnosed breast cancer: systematic review and meta-analysis of incremental cancer detection and impact on surgical management. *J Clin Oncol* 2009; 27:5640.
16. Shin HC, Han W, Moon HG, et al. Limited value and utility of breast MRI in patients undergoing breast-conserving cancer surgery. *Ann Surg Oncol* 2012; 19:2572.
17. Mann, R. M, Kuhl, C. K, Kinkel, K, & Boetes, C. (2008). Breast MRI: guidelines from the European society of breast imaging. *European radiology*, 18(7), 1307-1318.
18. Kuhl, C., Kuhn, W., Braun, M., & Schild, H. (2007). Pre-operative staging of breast cancer with breast MRI: one step forward, two steps back?. *The breast*, 16, 34-44.

19. 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.
20. Houssami N, Macaskill P, Marinovich ML, et al. 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.
21. Kolben T, Schwarz TM, Goess C, et al. Surgical management of ipsilateral breast tumor recurrence. *Int J Surg* 2015;23:141-6.
22. van Maaren MC, de Munck L, de Bock GH, et al. Higher 10-year overall survival after breast conserving therapy compared to mastectomy in early stage breast cancer: A population-based study with 37,207 patients. *Cancer Res* 2016;76:S3-05.
23. Wanis ML, Wong JA, Rodriguez S, et al. Rate of reexcision after breast-conserving surgery for invasive lobular carcinoma. *Am Surg* 2013;79:1119-22.
24. Blechman KM, Karp NS, Levovitz C, et al. The lateral inframammary fold incision for nipple-sparing mastectomy: outcomes from over 50 immediate implant-based breast reconstructions. *Breast J* 2013;19:31-40.
25. Sahin I, Isik S, Alhan D, et al. One-staged silicone implant breast reconstruction following bilateral nipple-sparing prophylactic mastectomy in patients at high-risk for breast cancer. *Aesthetic Plast Surg* 2013;37:303-11.
26. Berry MG, Fitoussi AD, Curnier A, et al. Oncoplastic breast surgery: a review and systematic approach. *J Plast Reconstr Aesthet Surg* 2010;63:1233-43.
27. Schnitt SJ, Abner A, Gelman R, et al. The relationship between microscopic margins of resection and the risk of local recurrence in patients with breast cancer treated with breast-conserving surgery and radiation therapy. *Cancer* 1994;74:1746-51.
28. Bong J, Parker J, Clapper R, et al. Clinical series of oncoplastic mastopexy to optimize cosmesis of large volume resections for breast conservation. *Ann Surg Oncol* 2010;17:3247-51.
29. Rezai M, Kellersmann S, Knispel S, et al. Translating the concept of intrinsic subtypes into an oncoplastic cohort of more than 1000 patients - predictors of recurrence and survival. *Breast* 2015;24:384-90.
30. Fitoussi AD, Berry MG, Fama F, et al. Oncoplastic breast surgery for cancer: analysis of 540 consecutive cases [outcomes article]. *Plast Reconstr Surg* 2010;125:454-62.
31. Chan SW, Cheung PS, Lam SH. Cosmetic outcome and percentage of breast volume excision in oncoplastic breast conserving surgery. *World J Surg* 2010;34:1447-52.
32. Kirova YM, Servois V, Reyat F, et al. Use of deformable image fusion to allow better definition of tumor bed boost volume after oncoplastic breast surgery. *Surg Oncol* 2011;20:e123-5.
33. Piper M, Peled AW, Sbitany H, et al. Comparison of Mammographic Findings Following Oncoplastic Mammoplasty and Lumpectomy Without Reconstruction. *Ann Surg Oncol* 2016;23:65-71.
34. Laronga C, Kemp B, Johnston D, et al. The incidence of occult nipple-areola complex involvement in breast cancer patients receiving a skin-sparing mastectomy. *Ann Surg Oncol* 1999;6:609-13.
35. Simmons RM, Adamovich TL. Skin-sparing mastectomy. *Surg Clin North Am* 2003;83:885-99.
36. Mallon P, Feron JG, Couturaud B, et al. The role of nipple-sparing mastectomy in breast cancer: a comprehensive review of the literature. *Plast Reconstr Surg*

- 2013;131:969-84.
37. Headon HL, Kasem A, Mokbel K. The Oncological Safety of Nipple-Sparing Mastectomy: A Systematic Review of the Literature with a Pooled Analysis of 12,358 Procedures. *Arch Plast Surg*. 2016 Jul;43(4):328-38. doi: 10.5999/aps.2016.43.4.328. Epub 2016 Jul 20. PMID: 27462565; PMCID: PMC4959975.
 38. Barton FE Jr, English JM, Kingsley WB, et al. Glandular excision in total glandular mastectomy and modified radical mastectomy: a comparison. *Plast Reconstr Surg* 1991;88: 389-92.
 39. Sakurai T, Zhang N, Suzuma T, et al. Long-term follow-up of nipple-sparing mastectomy without radiotherapy: a single center study at a Japanese institution. *Med Oncol* 2013;30: 481.
 40. Moon JY, Chang YW, Lee EH, et al. Malignant invasion of the nipple-areolar complex of the breast: usefulness of breast MRI. *AJR Am J Roentgenol* 2013;201:448-55.
 41. Colwell AS, Tessler O, Lin AM, et al. Breast reconstruction following nipple-sparing mastectomy: predictors of complications, reconstruction outcomes, and 5-year trends. *Plast Reconstr Surg* 2014;133:496-506.
 42. Lohsiriwat V, Rotmensz N, Botteri E, et al. Do clinicopathological features of the cancer patient relate with nipple areolar complex necrosis in nipple-sparing mastectomy? *Ann Surg Oncol* 2013;20:990-6.
 43. Benediktsson KP, Perbeck L. Survival in breast cancer after nipple-sparing subcutaneous mastectomy and immediate reconstruction with implants: a prospective trial with 13 years median follow-up in 216 patients. *Eur J Surg Oncol* 2008;34:143-8.
 44. Buchholz TA, Kronowitz SJ, Kuerer HM. Immediate breast reconstruction after skin-sparing mastectomy for the treatment of advanced breast cancer: radiation oncology considerations. *Ann Surg Oncol* 2002;9:820-1.
 45. Singletary SE, Robb GL. Oncologic safety of skin-sparing mastectomy. *Ann Surg Oncol* 2003;10:95-7.
 46. Evans GR, Schusterman MA, Kroll SS, et al. Reconstruction and the radiated breast: is there a role for implants? *Plast Reconstr Surg* 1995;96:1111-5.
 47. Alperovich M, Choi M, Frey JD, et al. Nipple-sparing mastectomy in patients with prior breast irradiation: are patients at higher risk for reconstructive complications? *Plast Reconstr Surg* 2014;134:202e-206e.
 48. Gunnarsson GL, Borsen-Koch M, Wamberg P, et al. How to perform a NAC sparing mastectomy using an ADM and an implant. *Gland Surg* 2014;3:252-7.
 49. Reitsamer R, Peintinger F. Prepectoral implant placement and complete coverage with porcine acellular dermal matrix: a new technique for direct-to-implant breast reconstruction after nipple-sparing mastectomy. *J Plast Reconstr Aesthet Surg* 2015;68:162-7.