

MEME KANSERİNDE NÜKLEER TIP UYGULAMALARI

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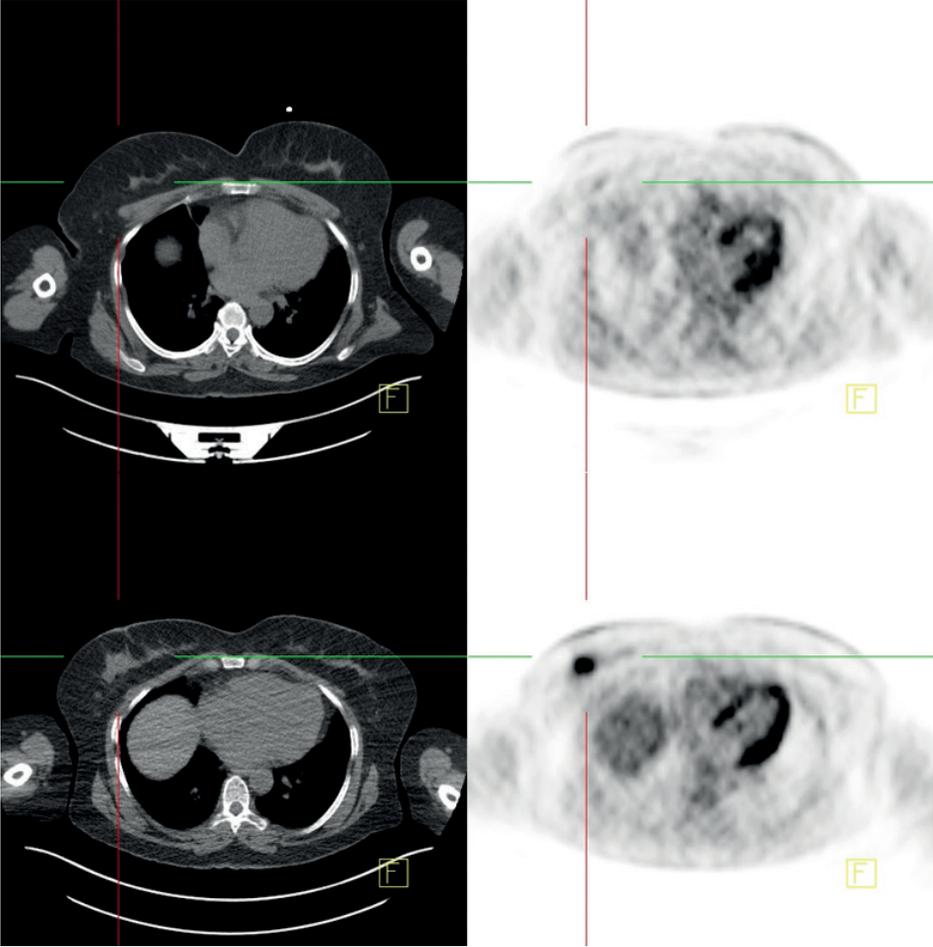
BÖLÜM

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Meme kanseri, Uluslararası Kanser Araştırma Ajansı (IARC) tarafından 2018 yılında yayınlanan verilere göre kadınlarda en sık görülen kanser türü olup kansere bağlı ölümlerin ikinci sıklıktaki sebebidir. Avrupa’da yılda 370.000’den fazla yeni vaka ve yaklaşık 130.000 ölümle önemli bir halk sağlığı sorunudur (1). Bu hastalık ile başa çıkmak için onkoloji alanındaki gelişmeler erken tanı ve mümkünse küratif tedaviye odaklanmıştır. Yeni gelişmelerin diğer yönlerini ise hastaları risk durumuna göre sınıflandırabilmek için tümörü karakterize etmek, tedaviye cevap veren ve vermeyen grupları tanımlamak ve ileri evrelerdeki hastalara uygun tedaviyi seçmek oluşturmaktadır.

Nükleer tıbbın yeni tanımı “moleküler görüntüleme” ve “hedefe yönelik tedavi” olarak nitelendirilmekte olup, son yıllarda bu alanlarda önemli ilerlemeler kaydedilmiştir. Bu ilerlemelerin etkisi özellikle meme kanserinde göze çarpmaktadır. Moleküler görüntüleme ilgili araştırmalar sayesinde moleküler düzeyde kansere özgü patolojik süreçleri anlamaya imkan veren radyofarmasötikler geliştirilmiştir. Görüntüleme cihazlarındaki ilerlemeler sayesinde ise moleküler süreci takip edebilmemizi sağlayan pozitron emisyon tomografi (PET) kullanıma sunulmuştur. Bu gelişmeler ile mamografi (MG), ultrasonografi (US), bilgisayarlı tomografi (BT) veya manyetik rezonans görüntüleme (MRG) gibi anatomik görüntüleme teknikleri elde edilen bulgulara ilave prognostik bilgiler elde edilmiştir. PET/BT gibi geliştirilen hibrid cihazlar sayesinde moleküler, fonksiyonel ve metabolik görüntülerin morfolojik görüntüler ile füzyonu yapılabilmektedir. Tüm bu etkileyici gelişmeler sadece teşhis alanında olmamıştır. Günümüzde malign

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Şekil 4. Meme kanserinde F-18 FDG PET/BT ile tedaviye cevap değerlendirilmesi. Alt panelde; kemoterapi öncesi sağ meme BT’de izlenen kitle lezyonu düzeyinde PET görüntüsünde yoğun F-18 FDG tutulumu izlenmektedir. Üst panelde; kemoterapi sonrası kitle lezyonunun boyutunda küçülme (%70) ile PET görüntüsünde F-18 FDG tutulumunda azalma (%75) izlenmektedir. Bulgular kemoterapiye anatomik ve metabolik cevap ile uyumlu olarak değerlendirilmiştir.

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