

### 3. Internal mammary node field

พิจารณาฉายรังสีบริเวณ internal mammary node เมื่อพบมี clinical หรือ pathological nodes positive หรือ ขึ้นกับดุลยพินิจของรังสีรักษาแพทย์

Medial border :- อยู่ที่ midline หรือ 1 ซม. ข้าม midline ไปด้านตรงข้าม

Lateral border :- 5-6 ซม lateral ต่อ midline

Inferior border :- ระดับ xiphoid

Superior border :- ขนานกับ inferior border ของ supraclavicular field

ปริมาณรังสีที่ใช้ 45-50 Gy/25F/5wks คิดที่ความลึก 4 ซม. จากผิวหนัง

อย่างไรก็ตาม หากไม่มี clinical หรือ pathological internal mammary nodes positive การฉายรังสีบริเวณนี้ยังเป็นที่ยกเถียงกันว่ามีความจำเป็นอย่างไรหรือไม่ และมีผลต่อการควบคุมโรคและอัตราการรอดชีวิตหรือไม่<sup>64-66</sup>

ปัจจุบันมี Phase III Randomized study of internal mammary and supraclavicular node irradiation VS no further therapy in women with resected stage I / II / III breast cancer โดย EORTC - 10925 Trial โดยคัดเลือกผู้ป่วยที่เป็น

- Central or medial tumor, with or without axillary node involvement
- Outer location with axillary node involvement เพื่อศึกษาถึงความจำเป็นของการฉายรังสีที่ internal mammary node.

สำหรับ axillary recurrence พบได้ประมาณ 0.5-3% เท่านั้น หลังจากการทำ axillary dissection of level I และ II หรือพบ axillary recurrence เพียง 1% ในผู้ป่วยที่มี axillary positive 1-3 nodes ที่ผ่าตัดต่อมน้ำเหลืองที่รักแร้ออกมา  $\geq 10$  nodes และพบว่ามีการเกิด axillary recurrence ได้ 6% ในผู้ป่วยที่มี axillary positive 1-3 nodes ที่ผ่าตัดต่อมน้ำเหลืองที่รักแร้ออกมา  $\leq 4$  nodes<sup>67-70</sup> ดังนั้นจึงไม่มีความจำเป็นต้องฉายรังสีบริเวณรักแร้ ยกเว้นแต่ไม่สามารถผ่าตัดต่อมน้ำเหลืองออกได้หมด

### Sequencing of Chemotherapy and Radiotherapy

กรณีที่ต้องให้การรักษาร่วมทั้งยาเคมีบำบัดและรังสีรักษาหลังการผ่าตัด ปัจจุบันมีข้อมูลการศึกษาที่รายงานว่าสามารถให้รังสีรักษาหลังจากให้ยาเคมีบำบัดจนครบแล้ว คือประมาณ 4 - 6 เดือนหลังผ่าตัด โดยไม่พบมีความแตกต่างในอุบัติการณ์กลับเป็นซ้ำของโรคเฉพาะที่แต่อย่างใด เมื่อเทียบกับกลุ่มที่ให้รังสีรักษาหลังผ่าตัดทันที (ส่วนใหญ่เริ่มภายใน 6 สัปดาห์หลังผ่าตัด) แต่ผู้ป่วยกลุ่มนี้ต้องเป็น **negative resection margins**<sup>36-39</sup>

กรณีที่จะพิจารณาให้รังสีรักษาร่วมกับยาเคมีบำบัด โดยเฉพาะผู้ป่วยที่ทำ conservative breast surgery การใช้ยาเคมีบำบัดสูตร CMF (Cyclophosphamide, methotrexate, 5FU) สามารถใช้ได้ แต่ควรจะให้ยาเคมีบำบัดคู่กับการฉายรังสีไม่เกิน 2 ชุด หรืออาจเลือกใช้ methotrexate ระหว่างการฉายรังสี การฉายรังสีคู่กับยาเคมีบำบัดสูตร CMF อาจมีปฏิกิริยาที่ chest wall หรือทำให้ cosmetic outcome ในรายที่ทำ BCS เสียไปบ้าง<sup>71-73</sup> แต่ก็มีบางรายงานไม่พบว่ามีปฏิกิริยาที่เพิ่มขึ้น

ถ้าการรักษาเสริมเป็นฮอร์โมนบำบัดสามารถเริ่มการฉายรังสีไปพร้อมกับฮอร์โมนบำบัดได้ทันที โดยไม่ต้องรอให้ฮอร์โมนบำบัดจนครบก่อนเริ่มรังสีรักษา

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