

Bölüm 18

EVRE III KÜÇÜK HÜCRE DIŞI AKCİĞER KANSERİNDE RADYOTERAPİNİN YERİ

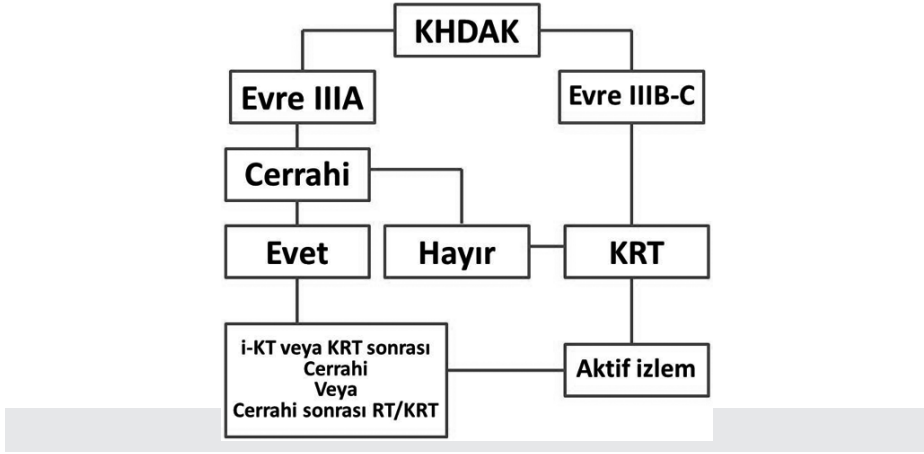
Yurday ÖZDEMİR

GİRİŞ

Kansere bağlı ölümlerin en sık sebebi akciğer kanseri olup en sık histolojik alt tipi küçük hücreli dışı akciğer kanseridir (%80) ⁽¹⁾. Lokal-ileri evre küçük hücreli dışı akciğer kanseri (Lİ-KHDAK) ise en heterojen grup olarak kabul edilen evre III KHDAK'lı olguları tanımlamakta olup tüm akciğer kanserli hastaların yaklaşık 1/3'nü oluşturmaktadır ⁽²⁾. Standart tedavi şekli eşzamanlı kemoradyoterapi (KRT) olup kemoterapi (KT) sonrası radyoterapi (RT) şeklinde sıralı tedavi ya da KT alamayan hastalarda tek başına RT tedavi seçenekleri arasındadır ⁽³⁾. KRT sonrası en iyi şartlarda 5 yıllık sağkalım oranlarının %20-30'ları geçmemesi, ölümlerin büyük çoğunluğunun uzak metastazlara bağlı gelişmesi ve lokal-bölgesel nüks oranlarının %30-50 arasında bildirilmesi, kliniğe başvuran her hastanın gerek bazal solunum fonksiyonları gerekse yaş, performans durumu ve vücut kitle indeksi açısından KRT'ye uygun olmaması son yıllardaki tedavi algoritmasında değişikliklere yol açmıştır. Hedefe yönelik yeni KT ve immünoterapi ajanlarının geliştirilmesi, yeni RT cihazlarının ve tekniklerinin ortaya çıkması, KT'nin ve cerrahinin bazı hasta gruplarında radikal tedavi seçeneği olarak ön planda uygulanması Lİ-KHDAK tedavisinin gelişen tarafları olsa da bu olanaklara kısıtlı sayıda merkezin sahip olması çözülmesi gereken teknik sorunlardır ^(4, 5). Dolayısıyla, gerek tedavi yaklaşımları gerekse prognoz açısından böyle heterojen bir grupta (Tablo 1) her olgu kendi içerisinde değerlendirilip mümkünse çok disiplinli konseylerde en uygun tedavi kararın alınması en doğru yaklaşım olarak kabul edilmektedir ⁽⁶⁻⁸⁾.

DEFİNİTİF RADYOTERAPİ

Evre III KHDAK'de definitif RT hastalığın lokal kontrolü açısından önemli bir tedavi yöntemidir. Evre-III KHDAK'lı hastalardan oluşan prospektif bir çalışma-



Şekil 3. Evre III Küçük hücreli akciğer kanserinde tedavi algoritması

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