

Bölüm 31

LOKAL EVRE HASTALIKTA KÜRATİF TEDAVİ SONRASI RADYOTERAPİ YAKLAŞIMLARI

Fuzuli TUĞRUL¹

GİRİŞ

Küçük hücreli akciğer kanseri (KHAK) hızlı büyüme, erken uzak ve lokal-bölgesel yayılım nedeniyle kötü prognoz ile ilişkili agresif bir kanser türüdür (1,2). Aynı anda veya ardışık olarak verilen kemoterapi (KT) ve torasik radyoterapiden (RT) oluşan kombine modalite tedavisi, birincil hastalık için standart tedavidir (3). Semptomatik beyin relapsı gelişmeden başlangıç tedavisine cevap veren hastalar profilaktik kranial ışınlama (PKI) ile tedavi edilir. Sınırlı evre (SE) KHAK'de daha önce yapılan bir çalışmada, PKI semptomatik beyin metastazı insidansını yaklaşık olarak %25 oranında azaltmış ve medyan genel sağkalımda (GS) iyileşmeye neden olmuştur (4,5). KHAK'nin %10'undan fazlasında başlangıç anında beyin metastazı vardır; 2 yıl içerisinde % 50'den fazla hastada beyin metastazı gelişmektedir. Beyin metastazı, otopsi serilerinde tüm hastaların %80'inde tespit edilmektedir. Primer tedaviden sonra, başlangıç tedavisine yanıt veren SE-KHAK hastalarında standart tedavi PKI olmuştur. Birinci seviye kanıtlara dayanarak, PKI kafa içi nüks riskini önemli ölçüde azaltmakta ve üç yıl sonra iyi bir GS yararı göstermektedir.

Kemoradyoterapiden (KRT) sonra tamamen remisyona giren SE-KHAK hastalarının meta-analizinde, PKI beyin metastazı riskini %59' dan %33'e düşürmüştür. Bu meta-analiz ayrıca 3 yılda yaklaşık %6 puanlık bir sağkalım kazancı sağlamıştır (sırasıyla %21 ve %15). Klinik olarak beyin metastazı gelişen hastalarda uygulanan RT veya KT ile ortalama sağkalım sadece dört ila altı ay arasındadır (2).

- Profilaktik Kranial Işınlama Yapılmalı mı?
- Manyetik Rezonans Görüntüleme ile Yakın Takip mi?
- Profilaktik Kranial Işınlama Gerekli Mi?

PKI sonrası nörobilişsel düşüşün önlenmesine yönelik stratejiler belirsizliğini

¹ Dr., Eskişehir Şehir hastanesi Radyasyon Onkolojisi, tugruldrfuzuli@gmail.com

Yaşlı hastalarda KHAK'de PKI kararı, PKI'nin neden olduğu geç toksisiteler de dâhil olmak üzere yararlar ve riskler arasındaki denge göz önüne alınarak tasarlanmalıdır. Tedaviden yarar, yaşam kalitesi ve toksite için hastalar tek tek değerlendirilmelidir.

SONUÇ

Lokal evre KHAK 'de tedaviye tam yanıt veren hastalarda PKI, 2000 yıllardan itibaren standart tedavi haline gelmiştir. Yaşlı hastalarda toksite açısından PKI yapılmayabilir. Günümüzde yeni yapılan çalışmalar ve radyoterapi cihazlarındaki gelişmeler neticesinde bazı merkezlerde SE-KHAK'de hastalar beyin MRI ile yakından takip edilmekte, bu hastalarda gelişen beyin metastazları radyocerrahi (SRS) ile tedavi edilmektedir.

Özellikle IMRT, VMAT gibi RT'deki çok hızlı gelişmeler,immunoterapi ve likit biyopsi ile ilgili çalışmalar umut vaat etmektedir.

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