

Bölüm 10

NAZOFARENKS TÜMÖRLERİNDE RADYOTERAPİNİN YERİ

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GİRİŞ

Nazofarenksin anatomik lokalizasyonu ve kritik yapılara yakınlığı nedeniyle cerrahi ile yeterli marjlı tümör rezeksiyonu çok zordur.¹ 1950'lerden sonra cerrahi nadirdir ve primer tedavi olarak tek başına radyoterapi (RT) veya son zamanlarda kemoterapi (KT) ile kombine RT kullanılmaktadır.^{1,2,3,4} Cerrahi müdahaleler, persistan veya rekürren hastalık varlığında histolojik doğrulama biyopsisi ve kurtarma tedavisi amacıyla kullanılmaktadır.¹ Nazofarenks kanseri (NK), tek bir modalite olarak RT ile tedavi edildiğinde, Amerika Birleşik Devletleri, Danimarka ve Hong Kong'da yapılan çalışmalarda benzer 10 yıllık sağkalım oranları bildirilmiştir. (sırasıyla % 34, % 37 ve % 43).² Gelişmiş teknoloji, RT'nin daha iyi optimizasyonuna, hedef kapsamının iyileştirilmesine ve morbiditenin en aza indirilmesine izin vermektedir.² Intergroup 0099 çalışmasında, evre III ve IV hastalık için eşzamanlı kemoradyoterapiye (KRT) adjuvan KT ilavesi ile 3 yıllık sağkalım avantajı (% 78'e karşı % 48; p = 0.005) gösterilmiştir.⁵ Lokal ileri hastalık için eşzamanlı KT'nin avantajı kanıtlanmış olsada adjuvan KT'nin yararı belirsizliğini korumaktadır.²

RADYOTERAPİ

En iyi tedavi yanıtını elde etmek için RT planlamada her adım (gross tümörün ve hedef hacimlerin lokalizasyonu, immobilizasyon, doz fraksiyonizasyonunun optimizasyonu, tedavi tekniklerinin belirlenmesi ve RT doz dağıtımındaki hassasiyet) çok önemlidir.¹

Planlama için hasta supin pozisyonda olmalıdır. Baş primer tümör ile retrofarengeal ve üst boyun lenfatikleri arasında yeterli ayırımı yapabilmek için eks-

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Anahtar Kelimeler: Eşzamanlı kemoradyoterapi (KRT), persistan, rekürren nazofarenks kanseri, Intensity-Modulated Radiation Therapy (IMRT)

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