Bölüm
38

GLİAL TÜMÖRLERDE ADJUVAN SİSTEMİK TEDAVİ

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Beyin tümörleri, tüm kanserlerin sadece %2'sini oluştursa da tüm kanserlere bağı morbidite ve mortalitede önemli yer tutar. Amerika Birleşik Devletleri'ndeki primer beyin ve merkezi sinir sistemi tümörleri için yıllık yaşa göre belirlenmiş ölüm oranı 100 binde 4,4 dür(1). En sık görülen histolojik alt tipler anaplastik astrositom ve glioblastomdur ve bu alt tipler için beş yıllık sağ kalım oranları sırayla %30 ve %5,6'dır (1). Glial tümörlerde adjuvan tedaviye ne zaman başlanması gerektiği konusu tartışmalıdır (2,3,4). Adjuvan tedaviye cerrahiden sonraki 6 hafta içinde başlamanın en uygun zamanlama olduğu kabul edilmektedir (5). İlk 6 hafta içinde tedaviye başlamanın genel sağ kalımda 2,1 ay gibi bir katkısı vardır.

Düşük Dereceli Astrositom ve Oligodendrogliomada Tedavi:

Düşük dereceli glial tümörler genelde gençlerde (40 yaş altında) ortaya çıkar ve en sık görülen tip %60-70 civarında diffüz astrositomdur (6). Bir çok faz 3 çalışmanın verileri ile oluşturulan bir metaanalizde düşük dereceli glial tümörlerde cerrahiyi takiben radyoterapi ile progresyonsuz sağ kalımda anlamlı katkı gösterilmişken genel sağ kalımda etki gösterilememiştir (7). Maximal güvenli rezeksiyon düşük dereceli astrositom ve oligodendrogliomda önerilen primer tedavidir (8,9). Düşük dereceli ve Isositrat Dehidrogenaz (IDH) wild tip veya 1p19q kodelesyonu olmayan hastalarda klinik yüksek dereceli glial tümörlere (WHO grade 4) benzerdir. (10,11). Bir faz 3 çalışma olan RTOG 9802 çalışmasında WHO grade II gliomlu hastalarda adjuvan radyoterapiye karşı adjuvan radyoterapiyi takiben 6 kür PCV kemoterapisinin katkısı araştırıldı (12,13). Bu çalışmada gros total rezeksiyon yapılan ve 40 yaşın altında olan hastalar gözlem koluna alınırken

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