

Bölüm 26

SANTRAL SİNİR SİSTEMİ METASTAZLI HASTALARDA RADYOTERAPİ SEÇENEKLERİ

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GİRİŞ

Beyin metastazları (BM), yetişkinlerdeki santral sinir sistemi (SSS) tümörleri içerisinde en sık görülenidir. BM insidansı; hem artan tanı teknikleri (örneğin; manyetik rezonans görüntüleme: MRI) hem de sağkalımları arttıran ileri sistemik tedavi yaklaşımları sayesinde artmaktadır ⁽¹⁻³⁾. BM primer kanser tipine bağlı olmakla beraber; yaklaşık olarak %5-50 oranlarında görülmektedir. SSS tutulumları başta akciğer kanserleri olmak üzere; meme kanseri, melanom ve renal hücreli karsinomlarda en sık meydana gelmektedir. BM genel olarak kötü prognozla ilişkilidir ve tümör tiplerine bağlı olarak 3-25 ay arasında sağkalım süreleri mevcuttur ⁽⁴⁾.

Metastatik meme kanserlerine baktığımızda BM görülme oranları %10-20 civarındadır ⁽⁵⁾. Tedavi seçeneklerinin gelişmesi meme kanserlerindeki yaşam sürelerinde artışa ve dolayısıyla da beyin metastazı görülme sıklığının artmasına yol açmaktadır. Bu da bir grup hastada SSS progresyonlarını hayat kalitesini etkileyen en önemli problem olarak karşımıza çıkarmaktadır. Diğer kanserlerden farklı olarak meme kanseri alt tiplerinde (örneğin luminal, HER2 ve triple negatif metastatik meme kanserleri gibi) sağkalım farklılıkları vardır ⁽⁶⁾. Bu farklılık hastalara seçilecek tedavi yöntemlerinde belirleyici olmaktadır. Çünkü beyin metastazları için tedavi seçenekleri sınırlıdır ve SSS lezyonlarının sayısı, primer tümör tipi, hastanın performans durumu, çeşitli prognostik indekslere göre belirlenen cerrahi, radyoterapi, radyocerrahi ve nadiren de olsa sistemik tedaviyi içeren multimodal bir yaklaşımı kapsamaktadır ⁽⁷⁻⁸⁾.

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- SSS de tek lezyon varsa ilk tercih cerrahi olmalıdır. Cerrahi yapılamayan durumlarda SRS tercih edilebilir.
- 1 ya da limitli sayıda beyin metastazları olan hastalarda, cerrahiye uygun değilse, SRS tercih edilmelidir. Bazı çalışmalarda SRS sonrası TBRT önerilirken, bazılarında önerilmemektedir. SRS yapılmıyorsa TBRT yapılmalıdır.
- Çok sayıda, bulky ya da yaygın hastalık varsa TBRT tercih edilmelidir. TBRT'ye SRS eklenmesi özellikle iyi prognozlu ve limitli sayıda rezidü hastalığı olan hasta grubunda önerilmektedir. Sadece SRS yapıldığında hastaların rekürrens açısından sıkı takipte olmaları gerekir.
- Kötü prognozlu multiple metastazlı hastalarda TBRT önerilir.
- Tekrar eden beyin metastazlarında, öncesinde TBRT yapılmışsa, sınırlı hacimlere SRS yapılabilir.

Anahtar Kelimeler: meme kanseri, beyin metastazı, radyoterapi, tüm beyin radyoterapisi (TBRT), sterotaktik radyocerrahi (SRS)

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