5. BÖLÜM

OPERE EDİLEMEYEN ENDOMETRİUM KANSERLERİNDE BRAKİTERAPİ

Azamat HEKİMOĞLU [1]

GİRİŞ

Endometrium kanseri dünyada en sık görülen jinekolojik kanser olup, kadınlarda görülen diğer kanserlerden farklı olarak insidansı ve hastalık sebebiyle ölüm hızları gün geçtikçe artmaktadır (1).

Tanısı yeni konulmuş endometrium kanserinin standart tedavisi total histerektomi, bilateral salpingooferektomi, selektif pelvik ve paraaortik lenf nodu disseksiyondur. Hastalığın tekrarlamasını azaltmak amaçlı adjuvan eksternal radyoterapi, brakiterapi, kemoterapi seçeneklerinden biri ya da birkaçı cerrahi evreleme sonrası hastaya özgü risk faktörleri değerlendirilerek uygulanmaktadır (2).

Tanı anında ortanca yaşın 60-75 arası olduğu endometrium kanseri hastalarının, yaklaşık %10'unda kardiyovasküler hastalık, obezite, hipoventilasyon sendromu ve diyabet gibi yüksek vücut kitle indeksi ile ilgili komorbid durumlar vardır (3). Yüksek vücut kitle indeksi (VKİ), endometrium kanseri gelişimi için bir risk faktörüdür. Fazla yağ dokusu, aromataz enzimi sayesinde androjenin pro-proliferatif bir ajan olarak işlev gören östrojene dönüşümüne yol açar (4).

Yüksek VKİ sadece endometrium kanseri gelişme riskini arttırmakla kalmaz, kardiyovasküler hastalıklara ve diyabet gibi metabolik sendrom ilişkili hastalıklara yatkınlığı da arttırır. Ayrıca endometrium kanseri hastalarının kardiyovasküler hastalıktan ölüm riski, endometrium kanserinden ölüm riskinden 3 kat fazladır (5). Obezite ve diyabet bu hastalarda ölüm riskini arttıran unsur-

[1] Dr. Öğr. Üyesi, Afyonkarahisar Sağlık Bilimleri Üniversitesi Radyasyon Onkolojisi Anabilim Dalı, azamat.hekimoglu@afsu.edu.tr

Tablo-7 Evre II, servikal invazyonlu opere edilemeyen endometrium kanseri doz ve fraksinasyon şemaları			
EBRT(Gy)	HDR(Gy)	Fraksinasyon	EQD2 (Gy)
45	19.5	3 x 6.5 Gy	71.1
45	18.9	3 x 6.3 Gy	69.9
45	17.0	2 x 8.5 Gy	70.5
45	25.0	5 x 5.0 Gy	75.0
45	20.8	4 x 5.2 Gy	70.6
50.4	22.5	6 x 3.75 Gy	75.3

CTV, tüm uterus, serviks ve vajen üst 1-2 cm'lik kısmını kapsamalıdır. Amaç, GTV'ye EQD2 80–90 Gy ve CTV'ye EQD2 70–75 Gy uygulamaktır. Klinik Evre II hastalığı için önerilen doz ve fraksiyonlar Tablo 7'de özetlenmiştir.

Opere edilemeyen endometrium kanser insidansı yaklaşık olarak %10 olmasına rağmen, bu oran ileri yaş, obezite ve çoklu komorbiditelerle artacaktır. Opere edilemeyen endometrium kanserli hastaların tedavisi için henüz bir kılavuz olmamasına karşın intrakaviter brakiterapi tedavinin temel bir bileşenidir. Evre I hastalığı olan hastalar için tek başına vajinal brakiterapi yeterlidir. Bununla birlikte, derin miyometrial invazyonlu evre I hastalıkta veya ileri evrelerde brakiterapi ile eksternal RT birlikteliği tavsiye edilmektedir (54).

Lokal kontrolü artırmak ve tedavi sonuçlarını iyileştirmek için, görüntü kılavuzlu üç boyutlu brakiterapi gereklidir. Görüntü rehberliğinde brakiterapinin etkinliğini göstermek için, daha geniş hasta popülasyonuna ve daha uzun takip sürelerine sahip çalışmalar gereklidir.

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