8.
BÖLÜM

VAJİNAL VE VULVAR KANSERLERDE BRAKİTERAPİ

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GİRİŞ

Vagina ve vulva kaynaklı kanserler nadir görülüp jinekolojik tümörlerin sırasıyla % 1-2 ve % 5'ini oluşturmaktadır(1,2). Klinik pratikte kabul görmüş kılavuzlar bulunmasına rağmen vulva ve vajen tümörlerinde tedavi kararı bireyselleştirmeyi gerektirmektedir. Tedavi hastanın yaşı ve diğer sistemik hastalıklarına göre modifiye edilebilmelidir.

Vulva kanserlerinde primer tedavi cerrahi ve ardından çoğunlukla eklenen adjuvan radyoterapidir. Radyoterapi (RT); eksternal radyoterapi (EBRT) ve interstitiel bakiterapi (iBRT) ile boost şeklinde olabileceği gibi yalnızca iBRT şeklinde de uygulanabilmektedir (3,4). Erken evre vajinal kanserlerde standart tedavi seçenekleri cerrahi veya iBRT'dir. Gerek vulva gerekse vajen kanserlerinde ileri evredeki olgularda uygun olan hastalarda eş zamanlı kemoterapi eklenmelidir. Bu grup hastalarda çoğunlukla ileri yaş, eşlik eden kardiak ve pulmoner problemler mevcut olduğundan geniş çaplı ve uzamış operasyonlar her zaman mümkün olamamaktadır. Tek başına EBRT modalitesi de artmış Gr 3 ve üzeri yan etki olasılığını beraberinde getirir. Bunlara ek olarak vulva, vajen ve perianal dokuların hassas yapısı göz önüne alındığında, tek başına veya boost olarak iBRT etkin ve daha az yan etkiye neden olan, kişiye özelleştirilebilecek bir alternatif modalite olarak karşımıza çıkmaktadır (5).

Bu bölümde vajen ve vulva kanserlerinde brakiterapi konusu ele alınacaktır.

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SONUÇ

BRT uygulamasının avantajı kısa sürede yüksek dozda ve sınırlı bir bölgeye odaklı tedavi uygulama şansı verirken riskli dokuları koruyarak özellikle yaşlı hastalarda önemli bir sorun olan normal doku toksisitesini azaltmasıdır. Vajinal ve vulvar kanserlerde bu modalite ile yüksek geç yan etki riski olmaksızın oldukça iyi lokal kontrol sağlanabilmekte ancak özellikle bölgesel ve uzak yinelemelerin sıklığı nedeni ile bu sağkalıma yansımamaktadır. Brakiterapinin genel prensipleri uygulanan bölgeye göre belirgin değişiklik göstermezken vulva tümörlerinde iBRT implantasyonunun öğrenme süreci prosedürün kompleks olması nedeni ile zaman alıcıdır. Lokalizasyonun hassasiyetinden, vajen, üretra ve anal bölge yakınlığından dolayı özellikle vulva tümörü olgularında invaziv bir işlem olan iBRT'nin etkin yapılabilmesi için psikososyal yanının da değerlendirilmesi gerekmektedir. HDR iBRT vulvar kanserde kabul edilebilir toksisite ile optimal lokal lontrol sağlar ancak başarılı bir sonucun elde edilmesi hasta seçimi, hastalığın yaygınlığının objektif değerlendirilmesi ve bireyselleştirilmiş implantasyon tekniğinin kullanılmasına bağlıdır (64).

LDR veya HDR tekniği ile yapılabilmesine rağmen çalışmalar daha çok LDR ile uygulamaları raporladığından HDR doz şeması ile ilgili net verilerin olmaması bu tekniğin kullanımını sınırlandırmaktadır(74).

PDR ise LDR tekniğinin biyolojik avantajlarını ve HDR ile uygulamanın rijit immobilizasyon, kaynak aplikasyonunun doğruluğu ve personelin tamamen korunabilmesi gibi teknolojik avantajlarını birleştiren bir uygulama yöntemidir (78).

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