

11. BÖLÜM

JİNEKOLOJİK BRAKİTERAPİ KOMPLİKASYONLARI

Ahmet KÜÇÜK¹

GİRİŞ

Jinekolojik malignitelerin tedavisi sıklıkla cerrahi, kemoterapi, eksternal pelvik radyoterapi (EPRT) ve vajinal brakiterapi (VBT) kombinasyonunu içerir. Multimodalite tedavisi iyileştirici olabilse de tedavilerin seyri ve sonrasında gelişen akut ve geç yan etkiler hastaların yaşam kalitesini (QOL) bozarak ölçülmesi zor, olumsuz ve kalıcı olabilecek hasarlara yol açabilmektedir. İyileşme oranlarında ki artışla beraber elde edilen uzun sağ kalım süreleri, sadece onkolojik tedavi etkinliğini değil, aynı zamanda bu tedavilerin hastaların yaşam kalitesi üzerindeki etkisinin ölçülmesini ve uygun yan etki yönetimini daha da önemli hale getirmektedir. Bu amaçla yaşam kalitesi, toksisite ve seksüel fonksiyonu değerlendiren ölçekler sıklıkla kullanılmaktadır.

GLOBAL YAŞAM KALİTESİ ÖLÇEKLERİ

- A. European Organization for Research and Treatment of Cancer Quality of Life Questionnaire Core 30 (EORTC QLQ C30)⁽¹⁾: Ayrıca her hastalık için spesifik ölçekler vardır:
Servikal⁽²⁾, Ovarian⁽³⁾ ve Endometrial⁽⁴⁾.
- B. Quality of Life-Cancer Survivors scale (QOL-CS)⁽⁵⁾
- C. EuroQOL 5D (EQ-5D)⁽⁶⁾
- D. Medical Outcomes Study Short Form 36 (SF-36) Q2
- E. Functional Assessment of Cancer Therapy (FACT)⁽⁷⁾.

¹ Uzm. Dr., Mersin Şehir Eğitim ve Araştırma Hastanesi, Radyasyon Onkolojisi Kliniği
drakucuk@hotmail.com

yan etkiler için geliştirilen skorlama sistemleri (RTOG / CTCAE v3., EORTC, LENT / SOMA) kullanılarak toksisiteler sorgulanmalı ve kayıt altına alınmalıdır. GKABT çalışmalarında, akut ve geç toksisite bildirim eksikliği nedeniyle ileriye dönük toksisite raporlaması ve hasta tarafından toksisite bildirim sonuçlarına ihtiyaç vardır.

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