

17. BÖLÜM

MERKEZİ SİNİR SİSTEMİ KANSERLERİNDE BRAKİTERAPİ

Hüseyin Furkan ÖZTÜRK¹

GİRİŞ

Merkezi Sinir Sisteminin (MSS) en sık görülen tümörleri metastazlardır. Bununla birlikte yine insanda gelişen en agresif tümörlerden bazıları da MSS'de görülmektedir. Bu sebepler, santral sinir sisteminde görülen tümörler üzerinde araştırmaların yoğun bir şekilde devam etmesini de beraberinde getirmiştir. Son yıllarda özellikle lokal ablatif tedaviler ile ilgili heyecan verici gelişmeler olsa da bilinen en eski lokal tedavi modalitesi olan brakiterapi (BRT), nispeten uygulama zorluklarına rağmen MSS'de de araştırılan ve uygulamalarının yapıldığı bir alandır. Bu bölümde, başlıca MSS de brakiterapi radyobiolojisinden, radyofiziğinden, aplikasyon yöntemlerinden, metastazlara ve primer MSS tümörlerine yönelik klinik uygulamalardan, son olarak da paraspinal yerleşimli tümör uygulamalarından bahsedilecektir

MERKEZİ SİNİR SİSTEMİ BRAKİTERAPİSİNDE FİZİK VE RADYOBİYOLOJİ

Merkezi Sinir Sistemi brakiterapisinde çoğunlukla kullanılan radyoaktif ajanlar, yüksek enerjili ve yüksek aktiviteye sahip İridyum-192 ile daha düşük enerjili İyot-125 ve Sezyum-131 dir. Bu ajanların seçimi yapılırken geçici veya kalıcı uygulama kararı ve yöntem etkili olmaktadır.

Radyonüklid	Ortalama Enerji (MeV)	Yarılanma Ömrü (Gün)
İyot-125	0.028	60
İridyum-192	0.38	74
Sezyum-131	0.03	10

¹ Dr. Öğr. Üyesi, Yıldırım Beyazıt Üniversitesi, Tıp Fakültesi, Radyasyon Onkolojisi AD furkanozt@gmail.com

SONUÇ

Özetle, spinal bölge tümörlerinde brakiterapi uygulamalarının yeri net değildir. Şu aşamada spinal bölge brakiterapisindeki bilgilerimiz kısıtlı olmasına rağmen görüntüleme, cerrahi ve girişimsel radyolojideki gelişmeler yeni brakiterapi uygulamalarına olanak vermekte ve bu alan araştırmaya açık bir alan olarak durmaktadır

KAYNAKLAR

1. Budach W, Gioioso D, Taghian A, Stuschke M, Suit HD. Repopulation capacity during fractionated irradiation of squamous cell carcinomas and glioblastomas in vitro. *Int J Radiat Oncol Biol Phys.* 1997;39: 743-750.
2. Kickingereeder P, Hamisch C, Suchorska B, et al. Low-dose rate stereotactic iodine-125 brachytherapy for the treatment of inoperable primary and recurrent glioblastoma: single-center experience with 201 cases. *J Neurooncol.* 2014;120: 615-623.
3. Koot RW, Maarouf M, Hulshof MC, et al. Brachytherapy: Results of two different therapy strategies for patients with primary glioblastoma multiforme. *Cancer.* 2000;88: 2796-2802.
4. Loeffler JS, Alexander E, 3rd, Wen PY, et al. Results of stereotactic brachytherapy used in the initial management of patients with glioblastoma. *J Natl Cancer Inst.* 1990;82: 1918-1921.
5. Laperriere NJ, Leung PM, McKenzie S, et al. Randomized study of brachytherapy in the initial management of patients with malignant astrocytoma. *Int J Radiat Oncol Biol Phys.* 1998;41: 1005-1011.
6. Selker RG, Shapiro WR, Burger P, et al. The Brain Tumor Cooperative Group NIH Trial 87-01: a randomized comparison of surgery, external radiotherapy, and carmustine versus surgery, interstitial radiotherapy boost, external radiation therapy, and carmustine. *Neurosurgery.* 2002;51: 343-355; discussion 355-347.
7. Chang C-N, Chen W-C, Wei K-C, et al. High-dose-rate Stereotactic Brachytherapy for Patients with Newly Diagnosed Glioblastoma Multiformes. *Journal of Neuro-Oncology.* 2003;61: 45-55.
8. Welsh J, Sanan A, Gabayan AJ, et al. GSite brachytherapy boost as part of initial treatment of glioblastoma multiforme: a retrospective multi-institutional pilot study. *Int J Radiat Oncol Biol Phys.* 2007;68: 159-165.
9. Waters JD, Rose B, Gonda DD, et al. Immediate post-operative brachytherapy prior to irradiation and temozolomide for newly diagnosed glioblastoma. *J Neurooncol.* 2013;113: 467-477.
10. Suchorska B, Hamisch C, Treuer H, et al. Stereotactic brachytherapy using iodine 125 seeds for the treatment of primary and recurrent anaplastic glioma WHO degrees III. *J Neurooncol.* 2016;130: 123-131.
11. Larson DA, Suplica JM, Chang SM, et al. Permanent iodine 125 brachytherapy in patients with progressive or recurrent glioblastoma multiforme. *Neuro Oncol.* 2004;6: 119-126.
12. Darakchiev BJ, Albright RE, Breneman JC, Warnick RE. Safety and efficacy of permanent iodine-125 seed implants and carmustine wafers in patients with recurrent glioblastoma multiforme. *J Neurosurg.* 2008;108: 236-242.
13. Chatzikonstantinou G, Ulrich P, Archavlis E, et al. Interstitial high-dose-rate brachytherapy in the primary treatment of inoperable glioblastoma multiforme. *J Contemp Brachytherapy.* 2019;11: 215-220.
14. Wang C, Liu S, Peng L, et al. Permanent iodine-125 brachytherapy for patients with progressive or recurrent high-grade gliomas. *BMC Cancer.* 2020;20: 591.

15. Schätz CR, Kreth FW, Faist M, Warnke PC, Volk B, Ostertag CB. Interstitial 125-iodine radiosurgery of low-grade gliomas of the insula of Reil. *Acta Neurochir (Wien)*. 1994;130: 80-89.
16. Kreth FW, Faist M, Warnke PC, Rossner R, Volk B, Ostertag CB. Interstitial radiosurgery of low-grade gliomas. *J Neurosurg*. 1995;82: 418-429.
17. Ruge MI, Simon T, Suchorska B, et al. Stereotactic brachytherapy with iodine-125 seeds for the treatment of inoperable low-grade gliomas in children: long-term outcome. *J Clin Oncol*. 2011;29: 4151-4159.
18. Ruge MI, Kickingereder P, Simon T, Treuer H, Sturm V. Stereotactic iodine-125 brachytherapy for treatment of inoperable focal brainstem gliomas of WHO grades I and II: feasibility and long-term outcome. *J Neurooncol*. 2012;109: 273-283.
19. Schnell O, Scholler K, Ruge M, Siefert A, Tonn JC, Kreth FW. Surgical resection plus stereotactic 125I brachytherapy in adult patients with eloquently located supratentorial WHO grade II glioma - feasibility and outcome of a combined local treatment concept. *J Neurol*. 2008;255: 1495-1502.
20. Sneed PK, Russo C, Scharfen CO, et al. Long-term follow-up after high-activity 125I brachytherapy for pediatric brain tumors. *Pediatr Neurosurg*. 1996;24: 314-322.
21. Kumar PP, Patil AA, Leibrock LG, et al. Brachytherapy: a viable alternative in the management of basal meningiomas. *Neurosurgery*. 1991;29: 676-680.
22. Kumar PP, Patil AA, Leibrock LG, et al. Continuous low dose rate brachytherapy with high activity iodine-125 seeds in the management of meningiomas. *Int J Radiat Oncol Biol Phys*. 1993;25: 325-328.
23. Kumar PP, Good RR, Patil AA, Leibrock LG. Permanent high-activity iodine-125 in the management of petroclival meningiomas: case reports. *Neurosurgery*. 1989;25: 436-441; discussion 441-432.
24. Kumar PP, Good RR, Leibrock LG, Mawk JR, Yonkers AJ, Ogren FP. High activity iodine 125 endocurietherapy for recurrent skull base tumors. *Cancer*. 1988;61: 1518-1527.
25. Kumar PP, Good RR, Jones EO, et al. A new method for treatment of unresectable, recurrent brain tumors with single permanent high-activity 125iodine brachytherapy. *Radiat Med*. 1986;4: 12-20.
26. Magill ST, Lau D, Raleigh DR, Sneed PK, Fogh SE, McDermott MW. Surgical Resection and Interstitial Iodine-125 Brachytherapy for High-Grade Meningiomas: A 25-Year Series. *Neurosurgery*. 2017;80: 409-416.
27. Koch MJ, Agarwalla PK, Royce TJ, et al. Brachytherapy as an Adjuvant for Recurrent Atypical and Malignant Meningiomas. *Neurosurgery*. 2019;85: E910-e916.
28. Ostertag CB, Kreth FW. Interstitial iodine-125 radiosurgery for cerebral metastases. *Br J Neurosurg*. 1995;9: 593-603.
29. Ruge MI, Suchorska B, Maarouf M, et al. Stereotactic 125iodine brachytherapy for the treatment of singular brain metastases: closing a gap? *Neurosurgery*. 2011;68: 1209-1218; discussion 1218-1209.
30. Raleigh DR, Seymour ZA, Tomlin B, et al. Resection and brain brachytherapy with permanent iodine-125 sources for brain metastasis. *J Neurosurg*. 2017;126: 1749-1755.
31. Chitti B, Goyal S, Sherman JH, et al. The role of brachytherapy in the management of brain metastases: a systematic review. *J Contemp Brachytherapy*. 2020;12: 67-83.
32. Rogers CL, Theodore N, Dickman CA, et al. Surgery and permanent 125I seed paraspinial brachytherapy for malignant tumors with spinal cord compression. *Int J Radiat Oncol Biol Phys*. 2002;54: 505-513.
33. Yang Z, Tan J, Zhao R, et al. Clinical investigations on the spinal osteoblastic metastasis treated by combination of percutaneous vertebroplasty and (125)I seeds implantation versus radiotherapy. *Cancer Biother Radiopharm*. 2013;28: 58-64.
34. Folkert MR, Bilsky MH, Cohen GN, et al. Intraoperative and percutaneous iridium-192 high-dose-rate brachytherapy for previously irradiated lesions of the spine. *Brachytherapy*. 2013;12: 449-456.