20. BÖLÜM

PROSTAT KANSERİNDE (MONOTERAPİ, BOOST AMAÇLI) BRAKİTERAPİ

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GİRİŞ

Amerika'da 2018 yılında teşhis edilen kanserlerin %28 'ini prostat kanseri oluşturmaktadır ve bu sayı olarak 164.690 olarak raporlanmıştır (1). Prostat kanseri teşhisi konan hastaların çoğu klinik olarak lokalize hastalık sergilemektedir ve çoğunluğu National Comprehensive Cancer Network (NCCN) tarafından tanımlandığı gibi düşük veya orta riskli hastalığa sahiptir (2). Hastaların yaşam beklentisi, komorbid hastalık varlığı, tümörle ilgili özellikler ve yaşam kalitesi ile ilgili hastanın beklentisi gibi parametreler göz önünde bulundurularak tedavi modalitesine karar verilir. Buna göre primer tedavi yöntemi olarak aktif izlem, radyoterapi (RT) veya radikal prostatektomi (RP) tercih edilir. RT, lokalize hastalığı olan hastalar için benzer sağkalım süresi ile RP'ye bir alternatiftir (3).

Prostat kanseri, erkeklerde en sık teşhis edilen kanserdir. Bu nedenle, bu hasta popülasyonunda hastalık yükünü azaltmak için optimum tedavi stratejileri bulmaya büyük ilgi vardır (4).

PROSTAT KANSERİNDE BRAKİTERAPİ

Endorektal ultrason kılavuzluğunda transperineal yaklaşımla prostat bezine anatomik olarak kolayca ulaşılabilmesi, XX. yüzyılın başından beri prostat kanseri için brakiterapiyi çekici bir hale getirmiştir (5). EBRT'ye alternatif olarak prostat brakiterapisi, radyoaktif kaynakların prostata yerleştirilmesiyle uygulanır. Bu şekilde, prostat dışında keskin bir doz düşüşü sağlanırken, hedef hacme yüksek konformalite ile çok yüksek dozların intraprostatik olarak verilmesi sağlanır (6).

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fark bulunmamıştır (49). Martinez ve ark. HDR-BT ile LDR-BT'ye göre daha az akut GU ve GI toksisitelerinin yanı sıra daha az uzun dönem GU toksisiteleri bildirmekle beraber 5 yıllık biyokimyasal kontrol oranlarını da her iki tedavi kolunda eşit bulmuştur (50).

SONUÇ

Prostat brakiterapisi, lokalize prostat kanseri için mükemmel bir tedavi yöntemidir. Düşük-orta riskli prostat kanseri için, tek başına vLDR veya LDR brakiterapi monoterapi olarak uygulanmış ve çok iyi sonuçlar elde edilmiştir. Mevcut çalışmalar, HDR-BT ile düşük oranda yan etki ile etkili bir terapötik sonuç elde edilebileceğini göstermiştir ve son yıllarda çok düşük, düşük ve favorable orta riskli prostat kanseri hastaları için HDR monoterapi de rutin uygulama olarak kılavuzlara girmiştir. Bununla birlikte, HDR-BT ile ilgili ideal doz-fraksiyon şeması henüz bilinmemektedir. HDR-BT'yi prostat kanseri için diğer tedavi yöntemleriyle, özellikle de LDR-BT ve EBRT ile doğrudan karşılaştırmak için randomize klinik araştırmalara ihtiyaç vardır.

EBRT alan (ADT alsın veya almasın) yüksek riskli prostat kanseri hastaları için uygun hastalara brakiterapi boostu düşünülmelidir. Yüksek riskli hastalık grubunda HDR monoterapisini araştıran birkaç çalışma yapılmıştır ancak bu hastalarda EBRT'nin çıkarılmasının güvenli olup olmadığını araştıran daha fazla randomize kontrollü çalışmaya ihtiyaç vardır.

Brakiterapi iyi eğitimli bir ekip ile deneyimli merkezlerde uygulanmalıdır. Vaka seçimi ve uygun hasta değerlendirmesi brakiterapide temeldir. Hastalar, bu hastalığa yönelik yeni yaklaşımları test etmek için klinik araştırmalara katılmaya teşvik edilmelidir.

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