

21. BÖLÜM

REKÜRREN PROSTAT KANSERİNDE BRAKİTERAPİ

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GİRİŞ

Prostata özgü antijen (PSA), prostat dokusu için duyarlı ve spesifik bir serum belirteçidir. Lokalize evre prostat kanseri tedavisinden sonra serum PSA'nın izlenmesi, PSA rekürrensi tanımlanması, nükslerin semptom olmadan önce nüks ya da uzak metastaz olarak tanımlanmasına sağlar. Bundan dolayı lokalize prostat karsinomu tedavisi takibinde erken nüksünü tespit etmek için rutin seri olarak PSA ölçmek gereklidir. İlk tedavi sonrası takite PSA'sı yükselen hastalarda lokorejyonel nüksü lokalize ise kurtarma (salvaj) brakiterapi kullanılabilir.

Prostat karsinomu evrelemesinde batın ve pelvisin bilgisayarlı tomografisi (BT), pelvik BT, düşük hacimli nükslerde hastalığı saptamasında, tedavi almışlarda, sınırlı duyarlılığı nedeniyle rutin sürveyansı için endike değildir (1). Rekürren hastalığı tespitinde en son teknolojik gelişmeler, kanserli prostat dokunun daha iyi tespit edilip, ürolojik uygulamada fokal terapi (FT) için kullanımı sağlayan Multiparametrik manyetik rezonans görüntüleme (mpMRI) giderek daha fazla kullanılmaktadır. MpMRI en yaygın olarak T1-2 ağırlıklı görüntüleme, dinamik kontrastlı (DCE) ve difüzyon ağırlıklı görüntülemeyi (DWI) içerir ve klinisyenlere lezyon hacmi, morfolojisi, konumu ve hastalığın kapsamı hakkında anlamlı bilgiler sağlar. MPMRI ile dinamik üç boyutlu lezyon karakterizasyonu ve risk değerlendirmesi, Fokal tedavi için hasta seçimi ve tedavi planlaması için anahtardır (2). Lokal rekürren hastalığın tedavi öncesi biyopsi

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