23.
BÖLÜM

GENİTOÜRİNER KANSERLERDE BRAKİTERAPİ KOMPLİKASYONLARI

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GİRİŞ

Genitoüriner sistem kanserlerinde brakiterapi özellikle erken evre prostat kanserinde tercih edilmektedir. Penil kanserlerde ise uygun endikasyonlarda organ koruyucu bir tedavi seçeneği olarak interstisiyel brakiterapi uygulanmaktadır. Mesane kanserinde ise brakiterapi sık uygulanan bir yöntem değildir ve sınırlı sayıda merkezde genelde eksternal radyoterapi(EBRT) ile kombine edilerek uygulanmaktadır. Genitoüriner bölge brakiterapisi sonucu gelişen yan etkiler hastaya ve tedaviye bağlı faktörler ile değişkenlik göstermektedir.

PROSTAT KANSERİNDE BRAKİTERAPİ KOMPLİKASYONLARI

Prostat kanseri erkeklerde cilt kanserleri dışında en sık görülen kanserdir ve kanser nedeniyle gelişen ölümlerde 2. sırada yer almaktadır(1). Tanı anında vakaların %80'ini lokalize hastalık oluşturmaktadır(2). Lokalize hastalıkta primer tedavi seçenekleri cerrahi, radyoterapi (eksternal ve/veya brakiterapi) ve hormonoterapiyi(HT) içermektedir(3).

Prostat bezinin anatomik olarak transperineal yaklaşımla kolayca ulaşabilen bir lokalizasyonda olması uzun yıllardan beri brakiterapiyi cazip hale getirmiştir(4). Brakiterapi LDR(low dose rate) veya HDR(high dose rate) olarak uygulanabilir. Kalıcı prostat brakiterapisi için kaynak olarak ^{125}I veya ^{103}Pd kullanılmaktadır. HDR brakiterapi için en sık kullanılan izotop ise ^{192}Ir'dir. Brakiterapi düşük ve düşük-orta riskli prostat kanserinde monoterapi olarak uygulanabildiği gibi orta ve yüksek riskli prostat kanserinde EBRT sonrası bo-

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işlem gerektirmesi bir dezavantaj olsa da tedavinin kısa sürede tamamlanıyor olması ve tedaviye bağlı gelişen yan etkilerin yönetilebilir olması nedeniyle brakiterapi prostat kanserlerinde monoterapi veya kombine tedavilerde geçerliliğini sürdürmektedir. Penil kanserlerde ise uygun endikasyonlar varlığında brakiterapi uygulamaları tolere edilebilir yan etki profili ile organ koruyucu tedavi sağlamaktadır. Mesane kanserlerinde brakiterapi sık uygulanan bir yöntem değildir ve tecrübeli merkezler tarafından genelde EBRT ile kombine bir tedavi olarak uygulanmaktadır dolayısıyla monoterapi olarak yan etki profiline dair literatürde bilgiler sınırlıdır.

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