Bölüm
12

MESANE KANSERİNDE RADYOTERAPİ

Şükran ŞENYÜREK

GİRİŞ

Mesane kanserinde tanı anında %70 erken evre (Ta, Tis ve T1), %20-25 ise kas invaziv (≥ T2) hastalık saptanmaktadır. Erken evrede endoskopik transüretral rezeksiyon (TUR) ve intravesikal tedavi standart yaklaşımdır. Kas invaziv hastalıkta ise ana tedavi yaklaşımı radikal sistektomidir. Cerrahi tedavi ile %90 lokal ve bölgesel kontrol sağlanırken radikal radyoterapi ile sadece %30-40 lokal kontrol sağlanmaktadır. Fakat maksimal TUR (m-TUR) ve kemoradyoterapiden oluşan trimodal tedavi (TMT) ile %70 mesane koruyuculuğu sağlanmış olup genel sağkalım ve progresyonsuz sağkalım cerrahi ile benzerdir.

ERKEN EVRE MESANE KANSERİNDE RADYOTERAPİ

Transüretral rezeksiyon sonrası takip edilen erken evre hastaların %40-80'inde nüks saptanmakta olup, %10-25'inde kas invaziv mesane kanserine progresyon olmaktadır(1,2,3). Kas invaziv mesane kanserine progresyon özellikle evre, grad ve karsinoma insitu varlığı ile ilişki olup Ta grad 2-3 hastalıkta 5 yılda %20 oranında progresyon saptanmaktadır. Bu oran T1 ve CIS varlığı durumunda % 80'i bulmaktadır(4,5). Erken evre hastalıkta TUR sonrası adjuvan intravesikal BCG tedavisi progresyon ve sağkalımda iyileşme sağlamaktadır. TUR sonrası BCG eklenmesi nüks oranlarını % 20-42'ye indirmektedir.

Kas invazyonu olduğu halde hastaların yaklaşık %20-30'unda TUR ile bu invazyonu gösterilemememektedir. Bu nedenle radyoterapi intravesikal tedavi için çok derin olan tümör yataklarına ulaşması konusunda bir avantaja sahiptir. Yüksek riskli T1 hastaların dahil edildiği 141 hasta sayılı geniş bir çalışmada TUR sonrası eksternal radyoterapi yapılmış olup bu seride hastaların %88'inde tam yanıt sağlanmıştır. Hastaların sadece %15'inde 5 yılda kas invaziv hastalığa progresyon ge-

hastalıkta mutlaka hastaları mesane koruyucu yaklaşım olan trimodal tedaviye yönlendirmek gerekmektedir. Lenf nodu pozitif ve organ invaziv hastalıkta ise hastanın klinik durumu ve tedavi yanıtına göre hasta bazlı yaklaşım uygun olacaktır.

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