

Bölüm 20

ERKEN EVRE PROSTAT KANSERİNDE RADYOTERAPİ

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Klinik olarak lokalize prostat kanserinin optimal yönetimi tartışmalı olmayı sürdürmektedir. Prostat kanseri için çeşitli tedavi yöntemleri yaşam kalitesini ve cinsel fonksiyonu farklı şekilde etkiler. Yaşam beklentisi ve kalitesiyle ilgili hususlar hasta ve diğer branşlarla multidisipliner konuşulmalıdır. Benzer prognostik özelliklere sahip hastalar karşılaştırıldığında biyokimyasal ve hastalısız sağkalım açısından aktif gözlem, radikal prostatektomi (RP), yüksek doz External Beam Radyoterapi (EBRT), Stereotaktik Radyoterapi (SBRT) veya interstisyel brakiterapi arasında fark yoktur (1), (2), (3).

Literatüre bakıldığında tedavi seçimleri tedaviye erişim olanakları açısından coğrafi bölgeye göre de değişiklik gösterebilmektedir. Genç ve komorbid durumu olmayan hastalarda cerrahi daha çok tercih edilirken, yaşlı ve komorbiditesi olan hastalarda radyoterapi daha çok tercih edilmektedir. Özellikle yaş tedavisi seçiminde önemli olmaktadır.

SEER veritabanına dayanan son bir raporda, 65 yaş ve üstü prostat kanseri teşhisi konan 85.088 hasta raporlandı. Bu hastaların % 42'si radyasyon tedavisi (RT), % 21'i RP, % 17'si birincil Androjen Deprivasyon Tedavisi (ADT), %20'sinin ise aktif gözlem koluna alındığı görüldü. Bu raporda hastanın aldığı tedavinin gördüğü ilk uzman tipiyle (ürolog, radyasyon onkologu veya medikal onkolog) güçlü bir ilişkisi olduğu belirtilmiştir. 65-69 yaşları arasında olup üroloji tarafından değerlendirilen hastaların %70'i RP'ye giderken; 70-74 yaş arası olgularda bu oran %45'lerde kalmıştır. Hem radyasyon onkologu hem üroloji

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bir sonuç olasılığının yüksek ve cerrahi sonuçlarla karşılaştırılabilir olduğu konusunda hastalar bilgilendirilmelidir.

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