

Bölüm 21

PROSTAT KANSERİNDE ADJUVAN VE KURTARMA AMAÇLI RADYOTERAPİ SEÇENEKLERİ

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GİRİŞ

Prostat kanseri tanılı hastaların yaklaşık üçte birinde başlangıç tedavisi olarak prostatektomi uygulanmaktadır (1-2). Prostatektomi sonrası 10 yıl içinde, hastaların 1/4 ile 1/3'ü arası nüks riski altındadır (3).

Postoperatif radyoterapi (RT) genellikle 3 durumda uygulanmaktadır: komplet cerrahi rezeksiyon sonrası olumsuz risk faktörlerinin varlığı, yalnızca yüksek postoperatif serum prostat spesifik antijen (PSA) ile saptanan subklinik hastalık veya prostatik fossada görünür tümör rekürrensi.

Adjuvan tedavi terimi, klinik olarak saptanabilir hastalığın cerrahi ile yok edilip sonrasında rekürrens riskini azaltmak üzere uygulanan tedavi demektir. Prostat kanserinde postoperatif olarak saptanamayan PSA düzeyi bulunan hastalara adjuvan radyoterapi uygulanmaktadır (4).

Cerrahi sonrası saptanabilir bir PSA düzeyi bulunması veya prostat lojunda rezidüel veya rekürren tümör olması durumunda yapılan tedavi ise kurtarma tedavisi olarak ifade edilir (4).

ADJUVAN RT (ART)

ART'nin gerekçesi serum PSA düzeyi ölçülebilir düzeyde olmamasına rağmen prostat yatağında mikroskopik düzeyde önemli sayıda kanser hücrelerinin bulunabileceğidir (5). Mikroskopik kalıntının en az olduğu durumda tedavinin lokal tümör kontrolünü iyileştirebileceğine ve metastazları önleyebileceğine inanılmaktadır (6).

Prostatektomi sonrasında belirli faktörlerin olması nüks riski ile ilişkilendirilmiştir. Bu faktörler; preoperatif PSA düzeyinin yüksek olması, Gleason skoru

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