

Bölüm 10

PAPİLLER TİROİD KANSERİ

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Tiroid kanserleri en sık görülen endokrin kanser türü olup insanlardaki kanserlerin %1'inden azını oluşturur. Papiller tiroid kanseri ise tüm tiroid kanserlerinin % 85-90'ını oluşturur.¹ 1990'ların ortasından itibaren insidansı hızla artmaktadır. Bu artışın nedenlerinden biri 1950-1960'lı yıllarda çocuklardaki benign durumların tedavisinde baş-boyun bölgesine radyoterapinin sıklıkla uygulanmasıdır.² 1975'ten 2009 yılına kadar olan SEER veribankası kayıtlarına göre tiroid papiller karsinom insidansında yaklaşık 3.7 kat artış olmuş ve tüm verilerin bu dramatik artışın küçük tiroid kanserlerinin saptanılması ile olduğu hipotezi ile uyumlu olduğu görülmüştür. Bazı yazarlar özellikle boyun ultrasonografisinin yaygın kullanımı ve çok küçük tiroid nodüllerine yapılan ince iğne biyopsilerinin küçük tiroid papiller kanseri tanısını arttırdığını ileri sürmüşlerdir.³ 1980 ve 2005 yılları arası SEER verilerini analiz eden ikinci bir raporda artan insidansın dramatik olarak küçük tiroid kanseri ile ilgili olduğu, ancak 5 cm üzeri tümör insidansında da anlamlı artış olduğu bildirilmiştir. Buna ek olarak bölgesel ve uzak metastaz insidansı da zaman içinde artmıştır.⁴ Tiroid kanseri insidansındaki artış ultrasonografi, bilgisayarlı tomografi, manyetik rezonans görüntüleme ve pozitron emisyon tomografi gibi insidental olarak tiroid nodüllerini saptayan görüntüleme çalışmalarının yaygın kullanımına dayandırılabilir.

RİSK FAKTÖRLERİ

Radyasyon maruziyeti; Diferansiye tiroid kanseri gelişiminde en önemli risk faktörü çocukluk döneminde radyasyon maruziyeti öyküsüdür.⁵ Radyasyon maruziyetinin potansiyel kaynakları radyasyonun tıbbi kullanımları (örn; çocukluk tümörlerinin tedavisi) veya atom bombalarına ikincil çevresel maruziyet (Örn; Nagasaki/Hiroşima, Japonya) veya nükleer santral kazalarıdır (örn; Çernobil). Geçmişte iyonize radyasyon çok çeşitli benign baş-boyun hastalıklarının tedavisinde kullanılmıştır.

Aile öyküsü; Birinci derece akrabada tiroid kanseri öyküsü veya bir tiroid kan-

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insidanstaki artışa rağmen tiroid kanseri mortalite oranlarının düşük olmasını sağlamaktadır. İleri tiroid kanseri tüm hastaların az bir kısmını oluştursa da devam eden değerlendirmeler ve tedavi ihtiyaçları nedeni ile sağlık harcamalarını arttırmaktadır. TKI tedavisinin belirgin yan etkileri ve maliyeti nedeni ile yeni tedavilerden faydalanacak metastatik hasta grubunun doğru tanımlanması araştırma konusu olarak yerini korumaktadır.

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