

## Bölüm 6

# SEREBRAL METASTAZLARDA STEREOTAKTİK RADYOCERRAHİNİN ROLÜ

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### GİRİŞ

Son zamanlarda kanser tedavisinde ortaya çıkan gelişmeler hastaların daha uzun süre yaşamasına ve beyin metastazları ile daha çok karşılaşmamıza neden olmaktadır. Bu durum Stereotaktik radyocerrahi (SRC) beyin metastazlarının tedavisinde daha ön plana çıkarmaktadır.

İlk kez Lars Lexel tarafından tanımlanmıştır. Teknik tam olarak üç boyut içerisinde tek noktaya yoğun radyoaktif ışın gönderme prensibine dayanır. Tek noktaya verilen radyoaktif ışın hızla düşürülerek çevre dokuların zarar görmesi engellenir(1). Bir sonraki aşamada lineer akselaratörlerle X ışınları yerine Gamma ışınları kullanılarak Gamma Knife cihazı geliştirilmiş , sonraki süreçlerde bir robot kol sisteme eklenerek cyber knife ortaya çıkmıştır.

Kanser hastalarında serebral metastaz oranı yaklaşık %30' dur(2). Hastaların %35-65' inde primer histoloji akciğer kanseridir. Diğer sık görülen patolojiler sırası ile meme kanseri ve maling melanomdur(3). Hastanın yaşı, performans durumu, ekstrakranial hastalık varlığı ve bu hastalığın kontrol altında olması önemli prognostik faktörler arasında yer alır. Bu prognostik faktörler kullanılarak metastazı ilk kez saptanan hastaların surveyi belirlenmektedir. Bu alanda ilk kez recursive partitioning analysis (RPA) (4) kullanılmıştır. Sonrasında primer tümör alanı da bu değerlendirmeye katılarak diagnostik spesifik grade prognostik assessment (dsGPA) oluşturulmuştur. Primer tümörlerde ortaya çıkan moleküler değişikliklere göre dsGPA lar güncellenmektedir(5).

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