Bölüm 5

AKCİĞER KANSERİNDE TANISAL YAKLAŞIMLAR

Oğuz KARCIOĞLU[1]

GİRİŞ

Akciğer kanseri hem kadınlar hem de erkelerde en sık ölüme sebep olan kanserdir (Torre et al, 2015). Akciğer kanseri şüphesi olan tüm hastalardan detaylı bir anamnez alınmalı ve fizik muayene yapılmalıdır. Eskiden küçük hücreli akciğer kanseri (SCLC) ve küçük hücreli dışı akciğer kanseri (NSCLC) olarak sınıflandırılan akciğer kanserlerinde; son yıllarda hem tanıda hem de tedavide yaşanan gelişmeler sonucunda spesifik tanının belirlenmesi hem mümkün hale gelmiş hem de tedavinin yönlendirilmesinde elzem hale gelmiştir.

Akciğer kanseri şüphesi olan bir hastayı inceleyen hekim hastalığın SCLC ya da NSCLC olması olasılıklarını, metastatik hastalık ihtimalini, eşlik eden hastalıkları, paraneoplastik sendromlar ve tedavi seçeneklerini hesaba katarak tanı sürecini yönetmelidir.

Tanı aşamasında ilk değerlendirmenin amacı hem hastanın mevcut klinik durumunun belirlenmesi hem biyopsi yönteminin belirlenmesi hem de evrelemede izlenecek yolun belirlenmesidir.

İLK KLİNİK DEĞERLENDİRME

Detaylı bir anamnez ve fizik muayene hem hastanın mevcut klinik durumunun belirlenmesi hem de ileride planlanacak tedavileri alıp alamayacağının belirlenmesinde anahtar role sahiptir. Komorbid hastalıkların bulunması hastanın tedavi seçeneklerini sınırlayabilir ya da engelleyebilir. Kardiyo-pulmoner rezervin düşük olması cerrahi girişimlerin önüne geçebilir. Kapsamlı bir hikaye hastalık yükü hakkında hekimi yönlendirebilir. Fizik muayenede saptanacak bulgular hastalığın yaygınlığının belirlenmesinde önemli olacağından hastanın henüz başlangıç değerlendirmesinde evrelemesine ve tedavisine yol gösterici olacaktır. Örneğin nörolojik semptomların varlığı beyin metastazını düşündürebilir ya da kalça, uyluk, sırt ağrısı gibi semptomlar uzak kemik metastazı olasılığını göz önüne almamızı sağlayabilir.

[1] Dr., Çubuk Devlet Hastanesi, oguzkarcioglu@gmail.com

mortalite ve morbidite oranlarının diğer yöntemlere göre daha fazla olduğu da göz önünde bulundurulmalıdır.

Tablo 2. Tanı yöntemleri ve tanıya katkıları

Tümör Karakteristiği	Tanısal İşlem	Sensitivite (%)	Ek
Endobronşiyal olarak görülebilir lezyon	Bronkoskopi-forceps biyopsi	74	
	Bronkoskopik yıkama	47	
	Bronkoskopik fırça	61	
	İğne aspirasyonu	75-96	
Periferik lezyon	Transbronşiyal biyopsi toplam	57	Tanı başarısı örnek sayısı arttıkça artmakta ve 6 kez örneklemede % 70 olmaktadır.
	<2cm	34	
	>2cm	63	
	Transbronşiyal fırça	54	
	Bronkoalveolar lavaj	43	
	Transbronşiyal iğne aspirasyonu	65	
	Tüm işlemlerin kombinasyonu	78	
R-EBUS toplam		73	Lezyon BT' de bronş içerisinde görülebiliyorsa başarı %79'a çıkmaktadır.
	Transtorasik iğne aspirasyonu	90	

Kaynak: Rivera MP, Mehta AC, Wahidi MM. Establishing the diagnosis of lung cancer: Diagnosis and Management of Lung Cancer, 3rd ed. American College of Chest Physicians Evidence-Based Clinical Practice Guidelines (3rd edition). Chest. 2013;143(5):e142S-e165S; Caglayan B, Akturk U, Fidan A, et al. Transbronchial Needl Aspiration in the Diagnosis of Endobronchial Malignant Lesions: a 3-Year Experience. Chest. 2005;128(2):704–708, Kaynak : Grippi MA. Fishman's Pulmonary Diseases and Disorders 5th Edition: McGraw-Hill Education. 2015:1722-32

KAYNAKLAR

Arcasoy SM, Jett JR. (1997). Superior pulmonary sulcus tumors and Pancoast's syndrome. New England Journal of Medicine.;337(19):1370-6.

Atici AG, Erkan L, Findik S, Uzun O, Kandemir B. (2004). Küçük hücreli dışı akciğer kanserli hastaların klinik özellikleri. Tüberküloz ve Toraks Dergisi 2004; 52(2): 150-158.

Beckles MA, Spiro SG, Colice GL, Rudd RM. (2003). Initial evaluation of the patient with lung cancer*: symptoms, signs, laboratory tests, and paraneoplastic syndromes. Chest ;123(1):97S-104S.

Böcking A, Biesterfeld S, Chatelain R, Gien-Gerlach G, Esser E. (1992).Diagnosis of bronchial carcinoma on sections of paraffin-embedded sputum. Sensitivity and specificity of an alternative to routine cytology. Acta cytologica. 36(1):37-47.

Chang M-C, Chen J-H, Liang J-A, Lin C-C, Yang K-T, Cheng K-Y, et al. (2012). Meta-analysis: comparison of F-18 fluorodeoxyglucose-positron emission tomography and bone scintigraphy in the detection of bone metastasis in patients with lung cancer. Academic radiology. 19(3):349-57.

Colice GL. (1997). Detecting lung cancer as a cause of hemoptysis in patients with a normal chest radiograph: bronchoscopy vs CT. Chest. 111(4):877-84.

Corner J, Hopkinson J, Fitzsimmons D, Barclay S, Muers M. (2005). Is late diagnosis of lung cancer inevitable? Interview study of patients' recollections of symptoms before diagnosis. Thorax. 60(4):314-9.

Dasgupta A, Jain P, Minai OA, Sandur S, Meli Y, Arroliga AC, et al. (1999). Utility of transbronchial needle aspiration in the diagnosis of endobronchial lesions. Chest. 115(5):1237-41.

Davis P, Hudgins P, Peterman S, Hoffman J. (1991). Diagnosis of cerebral metastases: double-dose delayed CT vs contrast-enhanced MR imaging. American Journal of Neuroradiology. 12(2):293-300.

de Langen AJ, Raijmakers P, Riphagen I, Paul MA, Hoekstra OS. (2006). The size of mediastinal lymph nodes and its relation with metastatic involvement: a meta-analysis. European journal of cardio-thoracic surgery. 29(1):26-9.

Eberhardt R, Anantham D, Ernst A, Feller-Kopman D, Herth F. (2007). Multimodality bronchoscopic diagnosis of peripheral lung lesions: a randomized controlled trial. American journal of respiratory and critical care medicine. 176(1):36-41.

Fischer B, Lassen U, Mortensen J, Larsen S, Loft A, Bertelsen A, et al. (2009). Preoperative staging of lung cancer with combined PET–CT. New England Journal of Medicine. 361(1):32-9.

Graus F, Dalmau J. (2012). Paraneoplastic neurological syndromes. Current opinion in neurology. 25(6):795.

Grippi MA. (2015). Fishman's Pulmonary Diseases and Disorders 5th Edition: McGraw-Hill Education.1722-32.

Hamilton W, Peters TJ, Round A, Sharp D. (2005). What are the clinical features of lung cancer before the diagnosis is made? A population based case-control study. Thorax. 60(12):1059-65.

Hyde L, Hyde CI. (1974). Clinical manifestations of lung cancer. Chest. 65(3):299-306.

Kaçar N, Tuksavul F, Edipoğlu Ö, Ermete S, Güçlü SZ. (2005). Effectiveness of transbronchial needle aspiration in the diagnosis of exophytic endobronchial lesions and submucosal/peribronchial diseases of the lung. Lung Cancer. 50(2):221-6.

Klein JS, Salomon G, Stewart EA. (1996). Transthoracic needle biopsy with a coaxially placed 20-gauge automated cutting needle: results in 122 patients. Radiology. 198(3):715-20.

Koyi H, Hillerdal G, Brandén E. (2002). Patient's and doctors' delays in the diagnosis of chest tumors. Lung cancer. 35(1):53-7.

Kvale PA. (2006). Chronic cough due to lung tumors: ACCP evidence-based clinical practice guidelines. Chest. 129(1):147S-53S.

Lardinois D, Weder W, Hany TF, Kamel EM, Korom S, Seifert B, et al. (2003). Staging of non–small-cell lung cancer with integrated positron-emission tomography and computed tomography. New England Journal of Medicine. 348(25):2500-7.

Lepper PM, Ott SR, Hoppe H, Schumann C, Stammberger U, Bugalho A, et al. (2011). Superior vena cava syndrome in thoracic malignancies. Respiratory care. 56(5):653-66.

Lu Y, Xie D, Huang W, Gong H, Yu J. (2010). 18F-FDG PET/CT in the evaluation of adrenal masses in lung cancer patients. Neoplasma. 57(2):129-34.

Maziak DE, Darling GE, Inculet RI, Gulenchyn KY, Driedger AA, Ung YC, et al. (2009). Positron emission tomography in staging early lung cancer: a randomized trial. Annals of internal medicine. 151(4):221-8.

Mazzone PJ, Arroliga AC. (2003). Endocrine paraneoplastic syndromes in lung cancer. Current opinion in pulmonary medicine. 9(4):313-20.

Memoli JSW, Nietert PJ, Silvestri GA. (2012). Meta-analysis of guided bronchoscopy for the evaluation of the pulmonary nodule. Chest. 142(2):385-93.

Morgensztern D, Ng SH, Gao F, Govindan R. (2010). Trends in stage distribution for patients with non-small cell lung cancer: a National Cancer Database survey. Journal of thoracic oncology. 5(1):29-33.

Ohno Y, Hatabu H, Takenaka D, Higashino T, Watanabe H, Ohbayashi C, et al. (2003). CT-guided transthoracic needle aspiration biopsy of small (≤ 20 mm) solitary pulmonary nodules. American Journal of Roentgenology. 180(6):1665-9.

Qu X, Huang X, Yan W, Wu L, Dai K. (2012). A meta-analysis of 18FDG-PET–CT, 18FDG-PET, MRI and bone scintigraphy for diagnosis of bone metastases in patients with lung cancer. European journal of radiology. 81(5):1007-15.

Paone G, Nicastri E, Lucantoni G, Iacono RD, Battistoni P, D'Angeli AL, et al. (2005). Endobronchial ultrasound-driven biopsy in the diagnosis of peripheral lung lesions. Chest. 128(5):3551-7.

Rivera MP, Mehta AC, Wahidi MM. (2013). Establishing the diagnosis of lung cancer: Diagnosis and management of lung cancer: American College of Chest Physicians evidence-based clinical practice guidelines. Chest. 143(5):e142S-e65S.

Salomaa E-R, Sällinen S, Hiekkanen H, Liippo K. (2005). Delays in the diagnosis and treatment of lung cancer. Chest. 128(4):2282-8.

Schreiber G, McCrory DC. (2003). Performance Characteristics of Different Modalities for Diagnosis of Suspected Lung Cancer*: Summary of Published Evidence. Chest. 123(1):115S-28S.

Shure D, Astarita RW. (1983). Bronchogenic carcinoma presenting as an endobronchial mass: optimal number of biopsy specimens for diagnosis. Chest. 83(6):865-7.

Silvestri GA, Gould MK, Margolis ML, Tanoue LT, McCrory D, Toloza E, et al. (2007). Noninvasive staging of non-small cell lung cancer: ACCP evidenced-based clinical practice guidelines. Chest. 132(3):178S-201S.

Simpson F, Arnold A, Purvis A, Belfield P, Muers M, Cooke N. (1986). Postal survey of bronchoscopic practice by physicians in the United Kingdom. Thorax. 41(4):311-7.

Society AT. Pretreatment evaluation of non-small-cell lung cancer. Am J Respir Crit Care Med. 1997;156:320-32.

Spiro SG, Gould MK, Colice GL. (2007). Initial evaluation of the patient with lung cancer: symptoms, signs, laboratory tests, and paraneoplastic syndromes: ACCP evidenced-based clinical practice guidelines. Chest. 132(3):149S-60S.

Sridhar KS, Lobo CF, Altman RD. (1998). Digital clubbing and lung cancer. Chest. 114(6):1535-7.

Stahel RA, Ginsberg R, Havemann K, Hirsch FR, Ihde DC, Jassem J, et al. (1989). Staging and prognostic factors in small cell lung cancer: a consensus report. Lung cancer. 5(4):119-26.

Torre LA, Bray F, Siegel RL, Ferlay J, Lortet-Tieulent J, Jemal A. Global cancer statistics, (2012). CA: a cancer journal for clinicians. 65(2):87-108.

Tournoy KG, Rintoul RC, van Meerbeeck JP, Carroll NR, Praet M, Buttery RC, et al. (2009). EBUS-TBNA for the diagnosis of central parenchymal lung lesions not visible at routine bronchoscopy. Lung Cancer. 63(1):45-9.

van Tinteren H, Hoekstra OS, Smit EF, van den Bergh JH, Schreurs AJ, Stallaert RA, et al. (2002). Effectiveness of positron emission tomography in the preoperative assessment of patients with suspected non-small-cell lung cancer: the PLUS multicentre randomised trial. The Lancet. 359(9315):1388-92.

Wiener RS, Schwartz LM, Woloshin S, Welch HG. (2011). Population-based risk for complications after transthoracic needle lung biopsy of a pulmonary nodule: an analysis of discharge records. Annals of internal medicine. 155(3):137-44.

Yeung S-CJ, Habra MA, Thosani SN. (2011). Lung cancer-induced paraneoplastic syndromes. Current opinion in pulmonary medicine. 17(4):260-8.

Zarbo R, Fenoglio-Preiser C. (1992). Interinstitutional database for comparison of performance in lung fine-needle aspiration cytology. A College of American Pathologists Q-Probe Study of 5264 cases with histologic correlation. Archives of pathology & laboratory medicine. 116(5):463-70.

Zhang W, Jiang S-P, Huang L. (2009). Dermatomyositis and malignancy: a retrospective study of 115 cases. Eur Rev Med Pharmacol Sci. 13(2):77-80.