

## BÖLÜM 20

# DİFERANSİYE TİROİD KANSERLERİNDE RADYOAKTİF İYOT TEDAVİSİNİN YERİ

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### GİRİŞ

American Thyroid Association (ATA), European Thyroid Association (ETA), European Association of Nuclear Medicine (EANM) ve Society of Nuclear Medicine and Molecular Imaging (SNMMI), diferansiyel tiroid kanserlerinde radyoaktif iyot (RAI) tedavisi ile ilgili uluslararası kılavuzları yayınlayan önde gelen derneklerdir. Bunlardan ATA tarafından 2015 yılında yayınlanmış olan kılavuz (1) kapsamlı içeriğiyle güncel uygulamalarda yönlendirici olması açısından önem taşımaktadır. 2018 yılında ise dört derneğin temsilcileri biraraya gelerek konu ile ilgili pratik uygulamaya konmasını önerdikleri prensipleri bildirmişlerdir (2). Bu bölümde, başta adı geçen dernek kılavuzları olmak üzere güncel literatür bilgileri ışığında diferansiyel tiroid kanserlerinde radyoaktif iyot tedavisinin yeri anlatılacaktır.

### Diferansiyel Tiroid Kanserlerinde RAI Tedavisi Kullanılmasının Temel Prensibi

Diferansiyel tiroid kanserleri histopatolojik olarak papiller ve foliküler hücrelerden köken almakta ve tüm tiroid kanserlerinin yaklaşık %90'ını oluşturmaktadır (3). Normal tiroid folikül hücrelerinin hücre membranlarında tiroid sodyum/iyodür ortak taşıma proteini (Na<sup>+</sup>/I<sup>-</sup> symporter protein, NIS) bulunmaktadır. Bu protein, dolaşımdaki serbest iyotun tiroid folikül hücrelerine taşınmasından sorumludur. Diferansiyel tiroid kanseri hücrelerinin membranında da NIS proteininin varlığının gösterilmesi, bilinen ilk uygulamanın 1942 yılına uzandığı (4), tiroid kanserlerinde RAI tedavisinin kullanılabilmesinin temel prensibini oluşturmaktadır (5). NIS; diferansiyel tiroid kanseri hücrelerinde ve rezidüel normal tiroid folikül hücrelerinde radyoaktif iyotun hücre içine taşınmasını sağlamaktadır.

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## KAYNAKLAR

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