

Bölüm 56

EXTRAKRANİAL OLİGOMETASTAZLARDA RADYOTERAPİ

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GİRİŞ

Metastaz Yunanca: metastasis (meta “bir sonraki”, stasis, “yer değiştirme” kelimesinden gelir, kanser hücrelerin buldukları doku dışına doğrudan ya da hematolojik, lenf yoluyla başka bölgelere gitmesine verilen isimdir(1). Metastaz tek bir metastazdan(soliter), tüm vücuda yayılabilen yaygın tutulumu kadar değişebilen bir hastalıktır. Tarihsel olarak, metastatik hastalığın tedavisi sistemik palyatif tedavi, gerekli hallerdede palyasyon amaçlı radyoterapi kullanılmıştır(2). Bugün oligometastaz kavramı yaygınlaşmakta ve sınırlı sayıda metastaz ve yaygın metastaz arasındaki ara durumu açıklar. Tipik olarak 1 ila 5 arasındaki metastazi olan hastaları kapsar. Sınırlı sayıda metastaz olanlarla yaygın metastazi olanların sağ kalımı aynı değildir, oligo metastazlarda beklenen sağkalım daha fazladır(2). Metastazi tedavi amaçlı radyoterapi veya cerrahi gibi tüm metastazları ortadan kaldırma çabaları 1930’ların başlarında bildirilmiştir(3). Oligometastatik kullanımında Hellman ve Weichselbaum ilk olarak 1995 yılında sınırlı metastatik hastalığı olan hastaların bir alt kümesi olarak değerlendirmiştir “oligometastaz” terimi kullanılarak resmileştirmiştir. Bazı hastalar, bilinen tüm metastatik birikintiler cerrahi ile çıkarılabiliyorsa hastalar sağkalımları artmaktadır(4). Oligometastatik durumun kesin bir tanımı olmasına rağmen, çoğu çalışma “oligometastazi” üçe kadar veya beşe kadar metastatik lezyon varlığı olarak tanımlamaktadır(5-6). Primer tümör-

rün tanısı sırasında metastaz saptanırsa “senkron” veya bir zaman aralığı sonrası saptanırsa “metasenkron” oligometastaz olarak adlandırılır.

Oligometastazları 3 katagoride sınıflandırılabilir(7).

1. Senkron oligometastatik hastalık: İlk başvuruda 1 den 5’e kadar metastatik lezyon (bir veya birkaç organda) veya tanıdan sonraki 6 ay içinde tespit edilenler. Bunlar genellikle beyin, akciğer parankim, karaciğer veya kemik metastazları(8).
2. Oligo-rezidü hastalık (oligo-persistan): Teşhis sırasında yaygın hastalık varlığı tedaviyle geriye 5 den az kalan rezidü hastalık ve bu lezyonlarda radikal lokal tedaviye uygun lezyonlar (ör.cerrahi, SBRT(Stereotaktik beden Radyoterapisi), RFA(Radyofrekans ablasyonu)(9).
3. Metasenkron (veya oligo-rekürrens): Küratif tedaviden sonra stabil kaldıktan sonra belli bir zaman sonra hastalığın 5’e kadar sınırlı sayıda metastaz yapması yada tekrarlaması(10).

Metasenkron olanlar daha yavaş büyüdüğünden daha iyi prognozlidir (11). Bu grup içinde, sınırlı metastazlara yönelik tedavi sağkalım artırabilir. Görüntüleme tekniklerindeki ilerlemeler(MRI, PET) ve kansere spesifik görüntülemeler (PSMA-PET), oligometastatik tedaviyi büyük oranda yönlendirici olmuştur. Uluslararası yapılan çalışmada sarkom tanılı akciğer metastazlarının toplandığı 5,206 seçilmiş hastanın oligometastazlarda cerrahi metastektomi 5 yılda %36 sağ kalımı ar-

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