

BÖLÜM 24

Diferansiye Tiroid Kanseri – Uzak Metastaz

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Özet

Diferansiye tiroid kanseri (DTK) insidansı dünya çapında artmakla birlikte genellikle iyi sonlanım gösterirler. Ancak başlangıçta agresif özelliklere sahip, erken uzak metastaz veya uzak relaps gelişen ve olumsuz sonlanım gösteren küçük bir vaka grubu da vardır. DTK'lı hastaların yaklaşık %10-15'i uzak metastazlarla prezente olur veya takipte uzak metastaz ortaya çıkar. En yaygın metastaz bölgesi akciğer ve daha az sıklıkla kemik olmakla birlikte, mediasten, beyin, cilt ve karaciğer diğer nadir metastaz bölgeleridir. Multipl metastaz bölgeleri (en sık akciğer ve kemik) tanı anında hastaların %10-20'sinde yer almaktadır. Uzak metastaz olan hasta grubunda, 10 yıllık hastalığa özgü sağkalım oranı %40'a düşer. Metastatik hastalığın ana tedavisini TSH süpresyonu ve radyoaktif iyot (RAI) tedavisi oluşturur. Hastalık iyot tutmaya devam ettiği sürece RAI tedavisi DTK'larda uzak metastazların varlığında çok etkili bir tedavidir. Genç hastalarda iyot tedavisi ile pulmoner mikrometastazlarda 10 yılda %90 remisyon oranlarına ulaşılmaktadır. Bununla birlikte, RAI tutulumunun kaybolduđu metastatik hastalığı olan hastalar için 10 yıllık sağkalım oranları %10'lara kadar inmektedir. Seçilmiş hastalarda cerrahi, radyofrekans ablasyon (RFA), kriyoablasyon, eksternal radyoterapi (EBRT), kemo-embolizasyon ve etanol ablasyon gibi lokal ablatif tedaviler de kullanılabilir. Son zamanlarda tiroid kanserinde klinik çalışmaların çoğalmasına rağmen, RAI rezistan metastatik DTK (RR-DTK) için tedavi seçenekleri sınırlıdır. Günümüzde klinik çalışmalarda, tiroid kanseri tümöröjenez yolaklarının değerlendirilmesi ile spesifik molekülleri hedef alan tedaviler geliştirilmektedir. Bu moleküler hedefler arasında tirozin kinazlar, anjiyogenez yolları ve sodyum-iyodür simporter bulunur. RR-DTK'lı hastalar için hedefe yönelik tedaviler, özellikle multi kinaz inhibitörler (MKİ) tedavi alanlarını değiştirmektedir.

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