

BÖLÜM 25

Diferansiye Tiroid Kanserli Hastaların Takip Algoritması

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Özet

Diferansiye tiroid kanserli (DTK) hastaların nasıl takip edilmesi gerektiği ile ilgili yayınlanmış birçok farklı klinik rehber bulunmaktadır. Diferansiye tiroid kanserinin takibi öncelikle rekürens riski ve hastalıktan ölüm riskinin belirlenmesi ile başlar. Hastanın başlangıç risk değerlendirmesi yapılırken yaş gibi hasta ile ilişkili özelliklerin yanı sıra, tümör ile ilgili özellikler de dikkate alınır. Başlangıç tedavisinden sonra hastanın cerrahi veya radyoaktif iyot (RAI) tedavisine yanıtı da takiplerde göz önünde tutulur. Endokrinologlar arasında DTK'lı hastaların takip sıklığı ve derecesi ile ilgili bir uzlaşma yoktur. Takip sıklığı ve derecesi bireyselleştirilmeli ve rekürens riski düşük hastalar daha az sıklıkla kontrole çağrılırken, rekürens veya mortalite riski yüksek olan hastalar yakın takip edilmelidir. Tiroglobulin (Tg), DTK takibinde güvendiğimiz reküren veya metastatik hastalığın varlığını gösteren çok duyarlı bir belirteçdir. Assayler arası değişkenlik, standardizasyon problemleri ve ölçüm interferansına yol açabilecek Anti-Tg veya heterofil antikor varlığı testin limitasyonlarını oluşturur. Hastalar başlangıç tedavisine verdikleri cevaba göre şekillenen dinamik risk durumlarına göre aralıklı olarak baskılı veya uyarılmış Tg ile takip edilirler. Tiroid kanseri takibinde boyun rekürenslerinin saptanmasında klinisyen için pratik ve faydalı araçlardan bir diğeri de boyun ultrasonografisidir (USG). Dikkatli ve düzenli boyun USG yapılması rehberlerde kuvvetle önerilen bir monitorizasyon yöntemidir. Boyunda USG ile saptanan şüpheli lezyonlara gerekiyor ise (tedavi yaklaşımını ve takip algoritmasını değiştirecekse) ince iğne aspirasyon biyopsisi (İİAB) ve Tg yıkama yapılır. Reküren hastalığı saptamada bu iki yöntemin duyarlılığı yüksektir. Tüm vücut tarama reküren ve metastatik hastalık takibinde kullanılan bir yöntemdir. Günümüz rehberlerinde kullanımı yüksek riskli hasta grubu ve Tg ölçümlerinin güvenilir olmadığı (Anti-Tg varlığı veya duyarlılığı düşük assayler gibi) durumlarla kısıtlanmıştır. Güncel rehberlerde yüksek riskli hastaların takibinde, bilinen yapısal hastalığı olanların takip ve tedaviye verdiği cevabın değerlendirilmesinde ve Tg>10 ng/mL olup boyun USG veya tüm vücut taramada Tg yüksekliğini açıklayabilecek lezyonun olmadığı durumlarda 18F-FDG-pozitron emisyon tomografi (PET) ile takip önerilmektedir. PET'in bilgisayarlı tomografi (BT) ile birleştirilmesi klinisyene hem anatomik hem de metabolik bilgi sağlar. Bu prosedür pahalıdır ve her merkezde bulunmaz. 2016 yılında yayınlanan metaanalizin sonuçlarına göre PET DTK'lı hastalarda rekürens tespitinde yüksek tanısal netlik sağlamaktadır.

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