

BÖLÜM 11

Rektum kanserinde uzun süreli ve kısa süreli radyoterapi

Çevirenler: Yrd. Doç. Dr. Gamze Uğurluer¹, Prof. Dr. Sinan Yavuz²

Acıbadem Üniversitesi Tıp Fakültesi Radyasyon Onkolojisi¹ ve Medikal Onkolojisi² Anabilim Dalı

ANAHTAR NOKTALAR

- Kısa süreli radyoterapi (RT) genel olarak 5 fraksiyonda 25 Gy olarak uygulanan ve eş zamanlı kemoterapinin verilmediği bir tedavi olarak tanımlanır ve Kuzey Avrupa'nın büyük bir kısmında standart tedavi yöntemidir.
- Uzun süreli radyoterapi genel olarak, 5-FU bazlı kemoterapi ile eş zamanlı 25-28 fraksiyonda 45-50.4 Gy uygulanan bir tedavi olarak tanımlanır ve Avrupa'nın diğer bölgeleri ile Amerika Birleşik Devletleri'nde standart tedavi yöntemidir.
- Randomize kontrollü Polonya ve Avusturalya Intergrup çalışmalarında kısa süreli RT ile uzun süreli kemoradyoterpi (KRT) sonuçları karşılaştırılmıştır. İlave çalışmalar devam etmektedir.
- Rezeke edilebilir rektum kanseri için en uygun neoadjuvan tedavi konusunda tartışmalar devam etmektedir.

OLGU ÇALIŞMASI

54 yaşında sağlıklı bir kadın rektal kanama şikâyetiyle başvurur. Kolonoskopide anal girişten itibaren 8. cm'de polipoid, ülseratif kanamalı bir kitle tespit edilir ve biyopsi sonucu invazif adenokarsinom olarak raporlanır. Endoskopik ultrasonda anal girişten itibaren 8. cm'de uT3N1 hastalık görülür ve toraks, abdomen ve pelvis tomografisinde ise metastaza rastlanmaz. Hastanın cerrahi onkolog, medikal onkolog ve radyasyon onkoloğu tarafından değerlendirilir.

Sonuç

Rezeke edilebilir rektum kanseri için en uygun neoadjuvan yaklaşım belirgin olmaktan çok uzaktır. Gerek kısa süreli RT (5 fraksiyonda 25 Gy) gerekse uzun süreli KRT (5-FU bazlı kemoterapi ile eş zamanlı 28 fraksiyonda 50.4 Gy) makul terapötik seçenekler sunmaktadır. Uzun süreli ile kısa süreli RT'yi karşılaştıran randomize kontrollü çalışmaların verileri açığa çıktıkça, en uygun neoadjuvan tedavi rejiminin daha açık şekilde tanımlanması da mümkün olacaktır.

ÇOKTAN SEÇMELİ SORULAR

1. Aşağıdakilerden hangisi kısa süreli radyoterapinin avantajlarından biri değildir?
 - A. Daha düşük akut toksisite oranları
 - B. Tümör evresinde gerileme
 - C. Azalan sağlık hizmeti maliyetleri
 - D. Hasta için uygunluk
 - E. Daha yüksek uyum oranları
2. Aşağıdakilerden hangisi uzun süreli radyoterapinin potansiyel avantajlarından biri değildir?
 - A. Daha yüksek sfinkter korunması oranları
 - B. Pozitif cerrahi sınır oranında düşüş
 - C. Daha düşük geç toksisite oranları
 - D. Daha düşük akut toksisite oranları
 - E. Tümör evresinde gerileme
3. Uzun süreli ile kısa süreli radyoterapiyi karşılaştıran randomize kontrollü çalışmalarla ilgili aşağıdaki ifadelerden hangisi yanlıştır?
 - A. Polonya rektum kanseri çalışmasında sfinkter korunması oranında bir gelişme görülmemiştir
 - B. Polonya rektum kanseri çalışmasında pTC ile ilgili bir fark gözlemlenmemiştir
 - C. Polonya ve Avusturalya Intergroup çalışmalarında geç toksisite ile ilgili istatistiksel olarak anlamlı bir fark ortaya çıkmamıştır
 - D. Uzun süreli RT ile hem Polonya hem de Avusturalya Intergroup çalışmalarında yüksek akut toksisite oranları görülmüştür

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ÇOKTAN SEÇMELİ SORULARIN CEVAPLARI

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