

BÖLÜM 15

Kolorektal kanserlerde izlenim rolü

Çeviren: XXX
XXX

ANAHTAR NOKTALAR

- İzlemdaki esas amaç lokorejyonel rekürrensi, metastazları veya metakronoz primer hastalığı erken, asemptomatik evrede saptamaktır.
- Farklı hasta takip stratejilerini değerlendiren birkaç randomize kontrollü denemede (RCTs) yoğun izlem programlarıyla daha az yoğun izlem programları arasında sağkalımda anlamlı bir farklılık bulunmamıştır.
- Halen devam eden GILDA, FACS ve COLOFOL denemelerinin modern cerrahi teknikteki herhangi bir gelişmeyi ve adjuvan terapilerin kullanımını yansıtmaları olasıdır.

Giriş

Kolorektal kanserli (CRG) hastaların yaklaşık üçte ikisinin radikal cerrahi ve/veya adjuvan kemoterapi ile kür sağlama potansiyeli vardır. Bunların %30-50'sinde daha sonradan rekürren hastalık gelişecektir [1;2]. Rekürrenslerin %80'i ilk 3 yılda gelişirken, relaps çoğunlukla primer hastalığın rezeksiyonundan 5 yıl sonra ortaya çıkar [3]. En yaygın rekürrens bölgeleri karaciğer, akciğerler ve esas rezeksiyon bölgesidir [4-6].

Definitif tedavi tamamlandıktan sonra, ileri küratif prosedürlerin kullanılabilmesi erken evrede tümör rekürrensini yakalamak amacıyla tasarlanan hasta takip stratejilerini kullanarak hastanın birkaç yıl izlenmesi yaygın bir klinik uygulamadır. Bu yaygın uygulamaya rağmen rekürrensi saptarken

2. Bu hastada ovaryan metastaz olasılığını fark etmek için yapılacak en iyi ek test hangisidir?
 - A. Tekrarlanan CEA seviyesi izlenmesi
 - B. Jinekolojik fizik muayene
 - C. Pelvik ultrasonografi
 - D. Pozitron emisyon tomografisi (PET)
 - E. Pelvik MRI
3. Kolorektal kanserin meta-analizinde hasta takip stratejilerinin değerlendirilmesinde izlem testlerinin en iyi kombinasyon ve sıklığının belirlenmesini imkansız kılan nedir?
 - A. İzlem programlarındaki kayda değer heterojenite
 - B. Geniş bir zaman aralığında yapıyor olmaları
 - C. Kolon ve rektal kanserlerin hepsinin kapsanması
 - D. Küçük örnek boyutları
 - E. Yukardakilerin hepsi

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ÇOKTAN SEÇMELİ SORULARIN CEVAPLARI

1. C
2. D
3. E