Bölüm 11

Adrenal Bez Tümörlerinin Evrelemesi ve Evrelendirmede Nükleer Tıp Yöntemleri

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Adrenokortikal Karsinom

Giriş

Adrenokortikal karsinom (AKK), adrenal korteksten kaynaklanan, yıllık insidansının milyonda 0,7- 2,0 arasında olduğu tahmin edilen nadir görülen bir tümördür. En sık 4. ve 5. dekatlar arasında görülmesine rağmen her yaşta ortaya çıkabilir (1-3).

AKK'lı hastalarda prognoz genellikle kötüdür. Yapılan çalışmalarda beş yıllık genel sağkalım (GS) %13-80 arasında değişmekle birlikte çoğunlukla %40'ın altındadır (3,4-11). Hastaların tanı anındaki evresi, ana prognostik faktör olup sağ kalımın bağımsız bir prediktif değeri olarak kabul edilmektedir (6-13). Ayrıca hastalığın evresinden başka derece (Weiss skorlama sistemi), Ki 67 düzeyi, aşırı hormon sekresyonu ve cerrahi rezeksiyon sınırı (R0-R2) klinik ve patolojik prognostik faktörler arasında gösterilmektedir (14-17).

Evreleme

AKK'nin evrelemesi diğer kanser türlerine benzer şekilde ''tümör, lenf nodu ve metastaz (TNM)'' sınıflandırmasına dayanır. AKK evrelemesi için ''Uluslararası Kanser Kontrol Birliği (UICC) ve Dünya Sağlık Örgütü (WHO)'' tarafından 2004 yılında ilk kez TNM sınıflandırmasına dayalı Tablo 1'de gösterilen bir evreleme sistemi yayınlanmıştır (18). Bu evreleme sisteminde evre 4 hastalar içerisinde

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de nöroblastomda tutulumu [I-123] MIBG sintirafisine benzer şekilde norepinefrin taşıyıcı sistemi ile görüntüleme sağlamaktadır (56,57).

[F-18] FDG, [F-18] F-DOPA ve [Ga-68] Ga-DOTA peptidleri norepinefrin taşıyıcı sistemi dışında nöroblastomada tutulum göstermektedir ve MIBG tutulumu göstermeyen nöroblastom hastalarında kullanılması giderek artmaktadır. MIBG tutulumu göstermeyen nöroblastom hastalarında veya MIBG görüntüleme ile klinik bulgular arasında uyumsuzluğu olan hastaların değerlendirilmesinde kılavuzlar tarafından MIBG sintigrafisine alternatif olarak önerilen tek PET görüntüleme yöntemi [F-18] FDG PET görüntülemesidir (50).

Nöroblastomda tümör dokusu heterojen olduğu için farklı moleküler hedefler ile görüntüleme yöntemleri kullanılmasını gerektirmektedir ancak ekstra radyasyon maruziyeti ve maliyet artışı nedeniyle bu mümkün görünmemektedir. Gelecekte PET/MR, görüntüleme merkezlerinin sayısının artması radyasyon maruziyetini azaltıp daha yüksek çözünürlükte görüntüler sağlayarak hastaların yönetiminde katkı sağlayacağı düşünülmektedir.

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