

MİDE KANSERİNDE MULTİMODAL TEDAVİ YAKLAŞIMLARI VE RADYOTERAPİNİN YERİ

42. BÖLÜM

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ÖZET

Mide kanseri, kansere bağlı ölüm sebeplerinde en üst sıralarda yer almaktadır. Esas tedavisi cerrahi olmakla beraber takipte hastaların çoğunda nüks ve/veya metastaz gelişmesi klinisyenleri preoperatif ve postoperatif tedavi arayışına itmiştir. Eş zamanlı kemoradyoterapinin cerrahiye eklenmesi ile hastalıklı ve toplam sağkalımın uzaması, özellikle son 20 yıldır adjuvan kemoradyoterapiyi sıklıkla kullanılır hale getirmiştir. Son yıllarda kemoterapi çalışmalarında elde edilen başarı ile peroperatif kemoterapi, postoperatif kemoradyoterapiye ciddi bir alternatif olmuştur. Her hasta için optimal tedavi algoritması multidisipliner bir ekip tarafından kişiye özgü şekilde kurgulanmalı ve evre olarak T2N0 ve üzeri tüm olgular olası radyoterapi faydalanımı açısından değerlendirilmelidir.

GENEL BAKIŞ

Mide adenokanseri insidansı zaman içerisinde azalıyor olsa da halen dünya genelinde en sık görülen kanser tipleri arasında beşinci ve ölüme en çok sebep olanlar arasında üçüncü sıradadır (1). 1980 yılında görülme sıklığı 100.000 de 11.2 iken, 2017'ye gelindiğinde bu oran 100.000 de 6.6 ya düşmüştür ve düşme eğilimi devam etmektedir (2). Geçmişe oranla antrum ve gövde yerleşimli tümör sıklığının görece azalmasından dolayı proksimal yerleşimli tümörlerin görülme sıklığı artmıştır (3).

Sadece cerrahi yapılan Mukoza ve submukoza kısıtlı tümörlerde 5 yıllık sağkalım % 90 civarında olsa da nodal tutulum varlığında ve gastrik duvar tutulumunun derinliği arttığında 5 yıllık

sağkalım oranları %10-%30 civarına düşmektedir (4,6). Rekürrens lokorejyonel, peritoneal ya da uzak metastaz şeklinde olabilir (7). Otopsi serileri mide kanseri nedeniyle hayatını kaybeden hastalarda %80 oranında lokal nüks geliştiğini ortaya çıkarmıştır (8). Tüm bunlar lokal ve sistemik kontrol için adjuvan ve neoadjuvan tedavi gerekliliğini özellikle lokal ileri tümörler için ortaya koymaktadır. Cerrahi ile kombine edilecek optimal tedavi konusunda henüz bir konsensus olmamakla beraber adjuvan kemoradyoterapi (KRT), peroperatif kemoterapi (KT), postoperatif kemoterapi gibi tedavi seçeneklerinden hasta bazında uygun olanı tercih edilmelidir (9,10). Bir sonraki bölümde cerrahi, radyoterapi ve kemoterapiyi ayrı ayrı ya da kombine şekilde irdeleyen çalışmalar incelenecektir.

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