

10. BÖLÜM

NÖROENDOKRİN TÜMÖRLERDE NÜKLEER TIPTA TANI VE TEDAVİDEKİ YENİLİKLER

Nurşin AGÜLOĞLU¹

GİRİŞ

Nöroendokrin neoplazmlar (NEN), daha az agresif nöroendokrin tümörler (NET) ve agresif nöroendokrin karsinomlar (NEC) olarak sınıflandırılan endodermal kaynaklı diffüz endokrin hücrelerden kaynaklanan heterojen, nadir bir tümör grubudur (1, 2). Geniş genetik heterojeniteye bağlı olarak primer tümör ve metastazları, derecelendirme ve farklılaşmayı etkileyen farklı klonlara sahip olabilir (3). Metastatik lezyonlar içindeki ve arasındaki bu geniş genetik ve fenotipik değişkenlik, sistemik metastaz yapmış NET hastalarında tedavinin nadiren mümkün olduğunu kısmen açıklamaktadır (4, 5). Nöroendokrin tümörler (NET'ler), prognoz ve tedavide farklılıklara yol açan biyokimyasal ve klinik davranışta değişkenlik gösteren çeşitli neoplazmlardır. Kısmen tanısal değerlendirmedeki gelişmeler nedeniyle NET'lerin insidansında dikkate değer bir artış olmuştur (6). NET'lerin çoğu, G-protein bağlı reseptör süper ailesine ait olan somatostatin reseptörlerini (SSTR'ler) aşırı eksprese etmektedir (7). Beş farklı somatostatin reseptör subtipi (SRs) bilinmektedir: SRs-1, SRs-2, SRs-3, SRs-4 ve SRs-5. Tanımlanan beş alt tip arasında en sık SRs-2 olup NET tanı ve tedavisinde kullanılan potansiyel hedef reseptördür ve plazma membran yerleşimlidir (8).

Nöroendokrin tümörler (NET'ler), farklı biyolojik davranışlara sahip çeşitli anatomik konumlardan kaynaklanan heterojen bir tümör grubudur (9-12). Primer tümörün yeri, hastalığın klinik ve patolojik özelliklerini belirleyebilir. En yaygın tip, akciğer (bronkopulmoner), ince bağırsak, apendiks, rektum ve

¹ Uzm. Dr., Suat Seren Göğüs Hastalıkları ve Cerrahisi Eğitim Araştırma Hastanesi Nükleer Tıp, aguloglunursin@gmail.com

SONUÇ

Moleküler görüntüleme teknikleri tanınal, öngörücü ve prognostik araçlar olarak gelişirken, radyo-işaretili SSA'lar ilerleyici, iyi farklılaşmış NET'ler için yeni bir tedavi seçeneğidir. Moleküler görüntülemenin reseptör hedefli tedavi ile birleşmesi olan teranostik kanser tedavisi için doğru bir tedavi stratejisidir.

Anahtar Kelimeler: Nöroendokrin Tümörler, Teranostik, ⁶⁸Ga, Yttrium-90 (⁹⁰Y), Somatostatin reseptörleri, Peptid reseptör radyonüklid, Radyoembolizasyon, ⁹⁰Y DOTATOC, ¹⁷⁷Lu -DOTATATE, GEP-NET, Ytterbium 176, sentetik somatostatin analogları, ⁶⁸Ga- DOTA PET / BT, SUVmax, DOTA-TOC (DOTA-D-Phe-Tyr3-octreotid), DOTA-NOC (DOTA-1-NaI(3)-octreotid), DOTA-TATE (DOTA-D-Phe-Tyr3-octreotate), ¹⁸F-FDG PET/BT, Tek foton emisyonlu bilgisayarlı tomografi (SPECT)

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