Bölüm
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NÖROENDOKRİN TÜMÖR METASTAZLARI VE SİSTEMİK TEDAVİ

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GİRİŞ

Nöroendokrin hücreler vücutta geniş çapta dağılır ve nöroendokrin tümörler (NET) olarak adlandırılan bu hücrelerin neoplazmaları birçok bölgede ortaya çıkabilir. NET'ler nadir görülen, lokasyonları ve salgıladıkları bir takım hormonlar nedeniyle çok farklı klinik durumlar ortaya çıkaran, çoğunlukla benign seyirli olmakla birlikte agresif seyirli de olabilecek tümörlerdir. Çeşitli bölgelerden köken alan nöroendokrin tümörlerin genel dağılımı şu şekildedir; 1) Akciğer: Akciğer NET'lerin ikinci en yaygın yeridir. NET'lerin yaklaşık %30'u bronşiyal sistemde görülür. 2) Gastrointestinal (Gİ) sistem: NET'ler en sık Gİ kanalında, özellikle ince bağırsakta (%19), appendiks (%4) ve kalın bağırsakta (%20) gelişir. 3) Pankreas: NET'lerin yaklaşık %7'si pankreastan gelişir. 4) Diğerleri: NET'ler diğer organlarda da (örneğin adrenal bez, tiroid bezi, timüs, cilt vs) başlayabilir. Vakaların yaklaşık %15'inde ise birincil odak bulunamamaktadır.

METASTAZ

En sık olarak, ince bağırsak kaynaklı NET'ler metastaz yapma potansiyeline sahiptir. Karaciğer, ince bağırsak ve diğer organ NET'lerinin metastazlarının ana hedefidir. Birincil bölgeye bağlı olarak değişen metastaz yapma potansiyeli farklı biyoloji ve genetiğe işaret eder. Farklılıklar NET'in ön bağırsak, orta bağırsak veya arka bağırsakta bulunup bulunmadığı ile açıklanamaz (2,3). Appendiks kaynaklı NET'lerin metastaza daha az eğilimli olduğu bilinmektedir (2,4). Bu, appendektomiler sırasında rastlantısal bulguların yüksek olmasından veya appendiksin bir immünolojik organ olması nedeniyle olabilir. Karaciğer metastazlarının daha sık olması portal venöz sistemin karaciğere boşalmasını yorumlayan "klasik/me-

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çeşitli organlarda bulunan nöroendokrin hücrelerden köken almış malign neoplazmalardır. Bulundukları orgaına, yaptıkları metastaza veya salgıladıkları hormonlara bağlı olarak farklı klinik bulgularla karşımıza çıkarlar. Başlangıç yönetiminde multidisipliner yaklaşım gösterilmelidir. Cerrahi, lokal tedavi, radyonüklid tedavi, sistemik tedavi ve kombine tedavi seçenekleri bulunan bu tümör grubunda tedavi mutlaka bireyselleştirilmelidir. Prognoz; tümör faklılaşma derecesi ve evresine göre değişkenlik göstermektedir.

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