AKCİĞER KANSERİNDE GERİATRİK HASTA YÖNETİMİ

31. BÖLÜM

İlker Nihat ÖKTEN [1]

GİRİŞ

Akciğer kanseri dünya genelinde kansere bağlı ölümün en sık nedenidir. [1] Histolojik olarak Küçük Hücre Dışı Akciğer Kanseri (KHDAK) ve Küçük Hücreli Akciğer Kanser olmak üzere 2 ana gruba ayrılır. [2]Küçük hücre dışı akciğer kanseri (KHDAK) en sık karşılaşılan histolojidir(%85) ve adenokarsinom ile skuamöz hücreli karsinom olmak üzere 2 ana gruba ayrılır. [3] Akciğer kanseri hastalarının 2/3 'ü 65 yaş üstü tanı almaktadır ve %10 kadarı 80 yaş üstü hastalardır. Önümüzdeki 20 yıl içerisinde bu sayının artması beklenmektedir.[4] Yaşlı hasta; artmış komorbiditeler, fizyolojik rezervde azalma ve uzun dönemde tedavi yararı beklentilerinin kısıtlandığı kompleks bir hasta grubudur.[5]Yaşlılarda kanser yönetimi; tanı için güvenli bir şekilde doku alınması, evreleme, tedavi stratejisi belirleme, tedavi ilişkili toksisite ve eşlik eden komorbiditeler nedeni ile bazı ek zorlukları getirmektedir.[6] Klinik çalışmalara yaşlı hastaların eşlik eden komorbiditeleri nedeni ile görece daha azı dahil edilmektedir ve final noktası çoğu zaman sadece genel sağkalım(OS) bildirilmektedir.[7] Bu nedenle tedavi yetersizliği veya fazlalığıyla ilgili yanlılıklar doğmaktadır. 2011 yılında Ayyapyan ve ark. yaptığı çalışmada 80 yaş üstü AC CA tanısı alan 3 hastadan 1 'inin doku tanısı almadığını göstermiştir.[8]

KHDAK hastalık evrelemesinde AJCC evreleme sistemi kullanılmaktadır. Buna göre;

1-) Erken Evre: Evre1-2 hastalık olarak kabul edilir. Bu tümörler genellikle küratif cerrahiye uygundur. 4 cm'den büyük veya nod pozitif tümörlerde yada yüksek riskli nod negatif tümörlerde postoperatif adjuvan platin tabanlı kombinasyon kemoterapisi verilir. Medikal açıdan inoperabl hastalarda küratif amaçlı radyoterapi kullanılabilir.

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