35.
BÖLÜM

DİFERANSİYE TİROİD KANSERİNE YAKLAŞIM VE TAKİP

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GİRİŞ

Tiroid foliküler epitelinden kaynaklanan karsinomlar temelde, diferansiye ve non-diferansiye tiroid karsinomu olarak ikiye ayrılır. Diferansiye tiroid karsinomu (DTK), papiller tiroid karsinomu (PTK) ve foliküler tiroid karsinomu (FTK) alt ana başlıkları altında sınıflandırılır. Bu bölümde DTK tanılı hastaya yaklaşım, hastanın tedavi yönetimi ve takibi derlenmiştir.

Amerikan Tiroid Derneği (ATA) (1), Avrupa Tiroid Derneği (ETA), National Comprehensive Cancer Network (NCCN) (2) ve Türkiye Endokrinoloji ve Metabolizma Hastalıkları Derneği (TEMD) (3) konuyla ilgili kılavuzlar hazırlamışlardır. Bu bölümün yazımında yaygın kabul gören bu kılavuzlardan yararlanılmıştır.

PTK ve FTK'nin farklı histolojik özellikleri olmasına rağmen bu iki tümör için benzer tedavi stratejileri uygulanır. Prognozları benzerdir, ancak bazı alt histolojik tipleri kötü prognozlu olarak bilinmektedir (4,5).

DTK'nin primer tedavisi cerrahidir. Cerrahi sonrası TSH supresyon tedavisi ve endikasyonu varsa radyoaktifiyot (RAI) tedavisi uygulanır. Cerrahi sonrası hastaların takibinin, tiroid kanseri konusunda uzmanlaşmış endokrinologlar tarafından yapılması önerilir.

CERRAHİ TEDAVİ

DTK için temel tedavi cerrahidir. Cerrahi ile hedeflenen, tiroid dokusunun veya bazı durumlarda cerrahi sınırı tümörsüz bırakacak şekilde tümör dokusunun tamamını ve varsa metastatik tüm lenf bezlerini çıkarmaktır.

Ancak son yıllarda seçilmiş bazı papiller mikrokanserlerin, opere edilmeksizin "aktif izlem stratejisi" ile takip edilebileceği tartışılmaktadır. Bu, sessiz seyredeceği düşünülen bir patolojiyi, tedaviye yönelik bir girişim yapılmaksızın düzenli aralıklarla izlem yöntemidir. Düşük riskli papiller mikrokarsinımların 5-10 yıllık takiplerinde genellikle sessiz ve sabit boyutta kaldığı ya da çok yavaş büyüdükleri gösterilmiştir, üstelik az sayıda hastada zaman içerisinde tümör boyutunda küçülme görülebilmektedir. Çalışmalarda hastaların takibinde %0,8-3,8 oranında lenf nodu metastazı saptanabilmektedir. Şu ana kadar bu gruptaki hastaların hiçbirisinde uzak metas-

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yüksek tümör nüksü riski ve kansere bağlı ölüm oranı ile ilişkili bir dizi risk faktör tanımlanmıştır. En önemli prognostik faktörler tanı yaşı, primer tümörün boyutu ve yumuşak doku invazyonunun veya uzak metastazların varlığıdır. PTK ile karşılaştırıldığında, FTK tipik olarak daha yaşlı hastalarda ortaya çıkar. Ek olarak, PTK'den daha agresif klinik seyir, uzak metastazlar ve daha yüksek mortalite ile ilişkilidir.

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