

# KANSER AĞRISINDA RADYOTERAPİNİN YERİ

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## ÖZET

Kanser hastalarının yaklaşık %40'ından fazlasında ağrı sebepli radyoterapi gerekmektedir. Bu tedavinin etkin, maliyet/etkinlik açısından uygun, noninvaziv ve rahat tolere edilebilir olması, performansı düşük hastalara da uygulanması açısından çok sık tercih edilen bir tedavi yöntemi olmasını sağlamıştır. Bu bölümde kanser ağrılarında radyoterapi endikasyonları ve uygulanan dozlar incelenmeye çalışılmıştır.

## GİRİŞ

Onkolojik vakaların çoğu hastalığın seyri sırasında ağrıdan şikâyet eder (1). Ağrının kaynağı büyüyen primer tümör, metastatik lenf nodları veya uzak metastazlar olabilir (özellikle iskelet sistemi). Ağrıyı kontrol etmek hayat kalitesini belirgin olarak arttırır. Radyoterapi (RT) sonrası, kanser ağrılarının %60-80'inde palyasyon elde edilir (2). Özellikle RT'nin, hızlı cevap oluşturması, cevap süresinin uzunluğu, uygun maliyetli olması ve noninvaziv olması bu tür hastalarda yoğun kullanılmasına sebep olmaktadır (3).

RT uygulanırken, hastanın prognozu, performans durumu, hastalık yükü, tümörün radyosensitivitesi, alternatif tedavi seçenekleri, potansiyel toksisiteler, hastanın tercihi ve RT merkezinin yataklı servis hizmeti gibi parametreler değerlendirilmelidir. Lenfoma, myelom, seminom, meme tümörü ve prostat tümörü radyoduyarlı tümörler grubunda iken, sarkomlar, renal hücreli tümör, melanom ve gastrointestinal tümörler radyasyona dirençli tümörler gurubunda yer alır (Tablo 1) (4).

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## Gelecekteki Yaklaşımlar

Aneljeziye yanıt alınamayan çok ağır kemik metastazı ağrılarında hipofize uygulanan tek doz 150 Gy RT dozu ile ağrıda palyasyon elde edilen vakalar bildirilmiştir (39).

Kemik metastazı sonrası RT'ye yanıt derecesini belirleyen gen profilleri saptanmıştır (40). RT ile beraber kullanılan ve osteoklast aktivitesini azaltan bifosfonotlar gibi kemik osteolizisini engelleyen c-src inhibitörleri de gelişen yeni ajanlardır (dasatinib, bosutinib) (41).

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