

Prostat Kanserinde Adjuvan ve Kurtarma Amaçlı Radyoterapi Seçenekleri

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GİRİŞ

Prostat kanserli (PK) olguların üçte biri başlangıç tedavisi olarak prostatektomi geçirir. Ancak bu olguların %25-30'u gelecek on yıl içinde tedavi başarısızlığı riski altındadır. Klinik olarak lokal PK'li olguların (cT1-2) prostatektomi spesmeninde; kapsül dışına yayılma %26-39, seminal vezikül tutulumu %7-10 ve cerrahi sınır da tümör varlığı %13-32 oranındadır. Kapsül dışına yayılım (KDY), cerrahi sınır pozitifliği (CS+) ve seminal vezikül tutulumu (SVİ); nüks, progresyon ve ölüm riskini arttıran bağımsız patolojik kriterlerdir (1). Ayrıca KDY olan patolojik pT3 olgularda lokal nüks riski %50'lere kadar varabilmektedir (2). Olumsuz patolojik bulgusu bulunmayan olgu gruplarında nüks oranı %25 iken; KDY, CS+ ve SVİ'nun herhangi birinin pozitifliğinde bu oran %63'e yükselebilir. KDY, CS+ ve SVİ gibi bağımsız faktörlerden herhangi birine sahip olgular %40'ı aşan oran da tedavi başarısızlığına adaydırlar (3). Dolayısıyla yüksek riskli PK'in de tek tedavi olarak sadece cerrahi ya da radyoterapinin (RT) onkolojik sonuçları yeterli değildir. Bu olguların multimodal yaklaşımlar ile küratif lokal tedavilere ek olarak efektif adjuvan sistemik tedavilerin eklendiği yeni algoritmalarından daha çok yarar görmesi beklenmektedir.

Radikal prostatektomi (RP) sonrası RT;

1) Tam yapılmış cerrahi sonrası (PSA düzeyi ≤ 0.1 ng/ml) yüksek riskli patolojik özellikleri olan hastalara verilen adjuvan radyoterapi (ART) 2) Postoperatif sadece yükselmiş serum PSA ile belirlenen subklinik hastalık veya (III) prostat

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mek için; nomogramların kullanılması, yaş ve eşlik eden hastalıkların, klinik ve patolojik bilgilerin, PSA düzeylerinin, PSA-DT ve Decipher moleküler analizinin dikkate alınması gerekmektedir. Anahtar kelimeler: Prostat Kanseri, Radyoterapi, Adjuvan Radyoterapi, Biyokimyasal İlerleme, Kurtarma Radyoterapisi, PSA

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