

Erken Evre Prostat Kanserinde Aktif İzlem İlkeleri

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GİRİŞ

Aktif izlem (active surveillance), kanser ilerlese iyileştirici tedavi sağlama beklentisiyle hastalığın seyrini aktif olarak izlemeyi içerir. Gözlemden (observation) farklı olarak, aktif izlem esas olarak tedaviyi ve potansiyel yan etkilerini ertelemek veya bunlardan kaçınmak amacıyla görünüşte sessiz kanseri olan daha genç hastalara uygulanabilir. Bu hastaların yaşam beklentisi daha uzun olduğu için yakın takip edilmeli ve kanserin ilerlemesi durumunda kür şansını kaçırmamak için vakit kaybetmeden tedaviye başlanmalıdır.

Birkaç büyük aktif izlem kohort çalışması, aktif izlem için uygun olanların %50 ile %68'inin tedaviden ve dolayısıyla tedavinin olası yan etkilerinden en az 10 yıl boyunca güvenli bir şekilde kaçınabileceğini göstermiştir (1-3). Aktif izlemdaki hastaların bir kısmı sonunda tedavi görecekti olsa da, bu gecikme kür oranlarını etkilemiyor gibi görünmektedir ve çok sayıda araştırma, aktif izlemin birçok hasta için güvenli bir seçenek olabileceğini göstermiştir (1-11). 2015 yılında 7627 hastayı içeren 26 aktif izlem kohort çalışmasının meta-analizi, yalnızca 8 prostat kanserine bağlı ölüm ve 5 metastaz vakası tanımladı (12).

Ayrıca, lokalize prostat kanseri olan 1643 hastayı randomize eden ProtecT çalışmasında aktif izleme alınan, radikal prostatektomi olan veya radyoterapi verilen hastalarda medyan 10 yıllık takipte prostat kanserine bağlı mortalitede önemli bir fark bulunmadı (13). Çalışmadaki 17 prostat kanseri ölümünün 8'i aktif izlem grubunda, 5'i ameliyat grubunda ve 4'ü radyoterapi grubundaydı. Bununla

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- Hastaların %32 ile %50'si 10 yıl içinde tedavi görecektir, ancak tedavideki gecikmelerin iyileşme oranını etkilemediği görülmektedir.
- Risk çok düşük olmasına rağmen (çoğu seride <%0,5), bir kanserin bölgesel veya metastatik bir aşamaya ilerlemesi mümkündür.
- Gözlem:
 - Gözlem, semptomlar gelişene veya yakın olduğu düşünülene kadar her 12 ayda bir (izlem biyopsileri olmadan ve daha sık olmayan) öykü ve fizik muayene ile izlemeyi içerir.
 - Şu hastalar için gözlem önerilir:
 - Yaşam beklentisi ≤ 5 yıl olan çok düşük, düşük ve orta risk gruplarındaki asemptomatik hastalar.
 - Çok düşük ve düşük riskli prostat kanseri olan ve yaşam beklentisi 5-10 yıl olan asemptomatik hastalar.
 - Gözlem şu durumlarda tercih edilir:
 - Olumlu ve olumsuz orta riskli prostat kanseri olan ve yaşam beklentisi 5-10 yıl arasında olan asemptomatik hastalar.
 - Aşağıdaki hastalar için gözlem düşünülebilir:
 - Yüksek riskli, çok yüksek riskli, bölgesel ve metastatik prostat kanseri olan ve yaşam beklentisi ≤ 5 yıl olan asemptomatik hastalar.
 - Gözlem altındaki hastalar semptomatik hale gelirse, hastalık yükünün bir değerlendirmesi yapılabilir ve sonrasında tedavi veya palyasyon düşünülebilir.
 - Gözlem yapmanın avantajları:
 - Hastalar gereksiz doğrulayıcı testlerin ve kesin tedavinin olası yan etkilerinden kaçınacaktır.
 - Gözlemin sınırlamaları:
 - Hastalarda önceden semptomlar olmadan veya PSA seviyesi yükselmeden üriner retansiyon veya patolojik kırık gelişebilir.

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