

AKCİĞER KİTLELERİNDE ABLASYON TEDAVİLERİ

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GİRİŞ

Akciğer kanseri görülme sıklığı hem kadın hem erkeklerde artış göstermekte olup kansere bağlı ölümlerin önde gelen nedeni olmaya devam etmektedir. Tüm dünyada yılda 1.8 milyon yeni vaka (tüm kanser vakalarının %12.9'u) ve yılda 1.6 milyon (toplam kansere bağlı ölümlerin %19.4'ü) ölüm meydana gelmektedir (1,2). Akciğerin primer kanseri, Türkiye'de erkeklerde en sık, kadınlarda ise sırası ile meme, tiroid, kolorektal ve uterus kanseri sonrası 5. en sık kanser türüdür. Cinsiyetler arasındaki farklılık tütün ve tütün ürünleri kullanımındaki yaygınlık ile açıklanmakta olup son yıllarda kadınlarda da akciğer kanseri insidansında artış söz konusudur (3).

Primer akciğer kanserleri, küçük hücreli akciğer kanseri (KHAK) ve küçük hücreli dışı akciğer kanseri (KHDAK) olmak üzere iki gruptur. KHDAK; yassı epitel hücreli karsinom, adenokarsinom (asiner, bronşioalveolar, papiller, solid, mikst tip) ve büyük hücreli karsinom olmak üzere üç büyük alt gruba ayrılır (1). Primer akciğer tümörlerinin %80'ini KHDAK oluşturur (4, 5).

Küçük hücreli akciğer kanserleri genellikle sistemik tedavi gerektirmekte olup bölgesel yaklaşım ile tedavi edilememektedir. KHAK'nin

standart tedavi yaklaşımı kemoterapidir (6,7). Bazı hastalarda radyoterapi, Evre 1 kısıtlı sayıda ki hasta popülasyonunda ise cerrahi, hasta tedavi yönetimine dahil edilebilir (8,9).

KHDAK tedavisinde cerrahi rezeksiyon en yaygın yöntemdir. Özellikle kanserin evrelemesi sonucunda yayılımın sınırlı olduğu durumlarda (Evre 1, 2) tercih edilir. Radyasyon tedavisi ise cerrahi prosedür uygulanamayan Evre 1 ve 2 KHDAK hastalarında küratif olarak veya cerrahi sonrası adjuvan tedavi olarak uygulanabilir (8, 10). Lokal kontrolü sağlamak amacı ile stereotaktik radyoterapi "stereotactic body radiotherapy" (SBRT) veya "stereotactic ablative body radiosurgery" (SABR) kullanılır (2). European Society of Medical Oncology (ESMO)'nun yayınladığı rehberde ablasyon tedavisinin yalnızca cerrahi ve radyoterapi uygulanamayan hastalarda tedavi seçeneği olarak düşünülebileceği belirtilmiştir (2).

Metastatik akciğer lezyonlarında ise tedavi sıralaması biraz daha farklıdır. Akciğere oligometastazı bulunan hastaların tedavisinde lokal ablatif tedavilerden yararlanılır. Bu tedaviler arasında cerrahi rezeksiyon ön plana çıksa da primer akciğer kanseri tedavi stratejisinden farklı olarak ameliyat olamayan hastalarda radyoterapi ve ter-

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KISALTMALAR

KHDAK: Küçük hücre dışı akciğer kanserleri

KHAK: Küçük hücreli akciğer kanserleri

RFA: Radyofrekans ablasyon

MWA: Mikrodalga ablasyon

IRE: Geri dönüşümsüz elektroporasyon

BT: Bilgisayarlı tomografi

PET-BT: Pozitron emisyon tomografisi

CIRCE: Cardiovascular and Interventional Radiological Society of Europe

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