BÖLÜM 50

PROSTAT KANSERİNDE RADYONÜKLİT GÖRÜNTÜLEME

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Giriş

Prostat kanseri (PCa), erkeklerde görülen kanserler arasında %15,1'lik prevalans oranı ile akciğer kanserinden sonra en sık görülen kanser türüdür (1). Bilinen en heterojen malignitelerden birisi olması nedeniyle klinik seyir açısından farklı agresiflik düzeyleri ile karşımıza çıkmaktadır. Herhangi bir tedavi gerektirmeden sadece aktif izlemin yeterli olduğu iyi seyirli bir hasta grubundan, tüm tedavilere rağmen hızla yayılarak kısa sürede ölümle sonuçlanan agresif formlara kadar geniş bir yelpazede hastalık seyri söz konusu olabilmekte ve bu durum PCa hastalarının yönetimini zorlaştırmaktadır. Dolayısıyla, PCa tanısı alan hastalarda serum prostat-spesifik antijen (PSA) seviyesi, biyopsi örneklemeden elde edilen Gleason skoru ve çeşitli görüntüleme yöntemlerinin sağladığı hastalık yaygınlığı rehberliğinde başlangıçta bir risk sınıflaması yaparak buna göre tedaviyi planlamak gerekmektedir.

PCa, sıklıkla ve öncelikle pelvik lenf nodlarına, daha ileri hastalıkta abdominal ve daha üst seviyelerdeki lenf nodlarına ve iskelet sistemine yayılır. Viseral organlara yayılım ise sıklıkla kastrasyona direncin geliştiği hastalığın geç dönemlerinde görünür. PCa hastalarında görüntüleme, hastalığın yaygınlığının belirlenmesi (evrelenmesi) açısından çoğu zaman elzem hale gelmektedir. Ancak konvansiyonel görüntüleme metotlarının bu hastaları evrelendirmede yetersiz kaldığı aşikardır. Bu bağlamda daha doğru evrelendirme ve etkin takip açısından son yirmi yılda geliştirilen hibrit (kombine) sintigrafik görüntülemeler ön plana geçmiştir.

Konvansiyonel Görüntüleme Yöntemleri

Multiparametrik Prostat MRG (mpMRG)

Pelvise yönelik multiparametrik manyetik rezonans görüntüleme (mpMRG), yumuşak dokuları ayırt etmekteki yüksek çözünürlük gücü nedeniyle prostat anatomisinin ve dolayısıyla prostat glandı içerisindeki bir lezyonun değerlendirilmesinde elimizdeki en üstün modalitedir. Özellikle 2012 yılında geliştirilen PI-RADS değerlendirme kriterlerinin kullanıma girmesinden sonra prostat kanseri tespiti ya da eliminasyonu amacıyla sıklıkla uygulanmaktadır (2). Prostat MRG hem 1,5 hem de 3-Tesla MRG sistemlerinde, sıklıkla sadece faz-dizilimli pelvik koil kullanılarak yapılmaktadır. Endorektal koil kullanımı ise tartışmalıdır (3). MRG'de anatomik detay için T1A ve T2A bazlı görüntüleme sekanslarından yararlanılırken,

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- PSMA PET/BT, nüks veya metastatik hastalıkta tedavi planlamasında kullanılabilir.
- PSMA PET/BT, biyokimyasal nüksü araştırmak için yardımcı olabilir.

Amerikan Üroloji Birliği [AUA]

- PSMA PET/BT, yüksek riskli prostat kanseri olan hastalarda evreleme ve metastaz tespiti için değerli bir araçtır (69).
- PSMA PET/BT, biyokimyasal nüks araştırmasında nedeni tespit etmekte yardımcı olabilir. Düşük PSA seviyelerinde özellikle önerir.

Avrupa Tıbbi Onkoloji Derneği [ESMO]

- PSMA PET/BT'yi, biyokimyasal nüks araştırmasında yüksek duyarlılık ve özgüllüğü nedeniyle konvansiyonel görüntülemeler yerine önerir (70).
- Evrelemede diğer nodal ve metastatik hastalığı araştırmak amacıyla orta ve yüksek riskli hastalıkta bir seçenek olarak önermektedir.

Sonuç

Geçtiğimiz dekatta hibrit PET görüntülemelerin gelişmesiyle birlikte prostat kanserinin tanısı ve takibinde paradigma değişimi yaşanmıştır. Özellikle PSMA tabanlı görüntülemeler, konvansiyonel görüntülemelere göre belirgin üstünlük sağlayarak prostat kanserinin yönetiminde ümit verici bir ufku ortaya koymaktadır.

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