Bölüm 56

JİNEKOLOJİK KANSERLERDE RADYOTERAPİ

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GİRİŞ

Jinekolojik maligniteler kadınlarda sık görülen kanserlerdir ve önemli oranda ölüme sonuçlanırlar. Ülkeler arasında farklılıklar olsa da en sık etkilenen bölge serviks, ardından over ve uterin korpusudur (1) Radyoterapi, jinekolojik malignitelerde, tedavinin sağlanmasında çok önemli bir bileşendir. Serviks kanserli kadınların %80-90'ında, endometriyal kanserli kadınların %60'ında ve vulva karsinomlu kadınların %50'sinin tedavi yönetiminde radyoterapi gerekmektedir (2).

Jinekolojik kanserler için radyoterapi, external ışın tedavisi (external beam radiotherapy = EBRT) ve intrakaviter veya interstisyel brakiterapi kullanılarak verilebilir (3). Bunların bir kombinasyonu şeklinde de uygulanmaktadır. Radyoterapi ameliyattan önce neoadjuvan olarak veya ameliyattan sonra adjuvan olarak ana tedavi modalitesi ile birleştirilebilir. Beraberinde eşzamanlı kemoterapi ile kombinasyon veya kemoterapi sonrası sıralı şekilde radyoterapi kullanılabilir.

Radyoterapi uygulamaları konvansiyonel veya üç boyutlu konformal radyoterapi **(3D-CRT**) den ziyade şimdilerde daha az yan etki ve daha iyi homojen doz dağılımı sağlayan yoğunluk ayarlı radyoterapi (intensity modulated radiation therapy = **IMRT**) ve Hacimsel yoğunluk ayarlı ark tedavisi (volumetrik modulated arc therapy = **VMAT**) gibi ileri teknolojik teknikler günümüzde daha sıklıkla kullanılmaktadır. Ayrıca tedavi planlamasında Manyetik Rezonans Görüntüleme veya Pozitron-Emisyon-Tomografisi **(PET)** ile radyoterapi planlama tomografisinin füzyon kullanımı ile yapılan planlama yöntemleri ile çok daha hassas radyoterapi planları oluşturulmaktadır. Hasta üzerinde uygulamalarda da görüntü kılavuzlu radyoterapi **(IGRT)** olarak adlandırılan tümörü ve hastayı takip ederek radyoterapi uygulanmaktadır. Böylece hedef tümör volümü en iyi şekilde tedavi edilirken tümör çevresindeki normal doku dozları en aza indirilebilmektedir (4).

Jinekolojik kanserler; serviks, endometriyal, uterin, over, vajinal, vulvar, gestasyonel trofoblastik hastalıklar ve koryokarsinomu içerir. Bu yazıda spesifik anatomik tümör bölgelerine göre radyoterapinin yer aldığı kanserlerde radyoterapinin tedavideki yeri vurgulanmıştır.

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Radyasyon onkolojisindeki teknolojik ve bilimsel gelişmeler ile IMRT, VMAT IGRT ve hatta IGRT-brakiterapi opsiyonları ile ışınlamanın hassasiyetle yapılmasını sağlamaktadır. Böylece teknolojinin tedavi ile birleşmesi ile gelecekte, tedavi etkinliğinin daha da artırabilecek önemli bir ilgi alanı bulunmaktadır.

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