43. BÖLÜM

STEREOTAKTİK RADYOCERRAHİ SONRASI GELİŞEN AKUT TOKSİSİTE YÖNETİMİ

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GİRİŞ

Kanser tedavisindeki kullanımı bir asır öncesine dayanan radyoterapi (RT) tedavisi yöntemleri hızlı bir gelişime tanıklık etmektedir. Teknolojik ve yazılımsal ilerlemeler ile tedavilerdeki ana amaç olan, etkili tedaviyi uygularken toksisiteyi en aza indirmek hedeflenmektedir.

Radyoterapide iyonizan radyasyon, DNA'da çift sarmal kırığı oluşturarak etkisini gösterir. Aynı etkiye maruz kalan normal hücreler tamir mekanizmaları ile bu etkileri geri çevirmeyi çoğu zaman başarır. Verilen toplam doz, günlük fraksiyon dozu ve alanın büyüklüğünün yanı sıra eşlik eden diğer tedavilerin olup olmaması da dokuların etkilenme derecesini belirler.

Tümör hücrelerinin radyasyona duyarlılıkları değişebilir: Örneğin; seminom ve lenfoma radyosensitif tümörlerken malign melanom ve sarkom radyorezistan tümörler olarak bilinir. Normal dokuların da radyasyona duyarlılıkları farklıdır. Günümüzde kullandığımız, normal dokuların tolerans dozlarının verileri [Quantitative Analysis of Normal Tissue Effects in the Clinic (QUANTEC)] klinik çalışmalar sonucunda elde edilmiştir (1).

The Radiation Therapy Oncology Group (RTOG), akut etkileri RT'den sonraki ilk 3 ay içinde görülenler ve geç yan etkileri ise 3 aydan sonra görülenler olarak tanımlar.

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