10. BÖLÜM

TİROİD KANSERLERİNDE RADYOTERAPİNİN YERİ

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GİRİŞ

Diferansiye tiroid kanserli hastaların primer tedavi cerrahi rezeksiyondur, bunu radyoaktif iyot ve ardından tiroksin tedavisi izler. İyi diferansiye tiroid kanserli hastaların çoğunda rezektabldır. Cerrahi, radyoaktif iyot ve tiroksin tedavisinin sonuçları tatmin edicidir.

Anaplastik tiroid kanserinin tedavisi primer maksimal güvenli cerrahi sonrası kemoradyoterapidir.

Diferansiye tiroid kanseri tedavisinde eksternal radyoterapi (EBRT) nadiren kullanılır. Ağırlıklı olarak, tümörleri radyoaktif iyot tedavisine aviditesi olmayan hastalarda lokal olarak ilerlemiş, rezeke edilemeyen veya tekrarlayan/metastatik hastalığın palyasyonu için endikedir. Tiroid kanserinde eksternal radyoterapinin kullanımı yüksek riskli hastalarla sınırlıdır ve yararına dair kanıtlar tek merkezli retrospektif serilerden gelmektedir. Yoğunluk ayarlı radyoterapi (YART) kullanımı gibi EBRT'nin uygulanmasındaki gelişmeler ile toksisite azalmıştır. Bu bölümde EBRT'nin diferansiye tiroid karsinomu ve anaplastik tiroid karsinomu tedavisindeki rölünden bahsedilecektir.

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raporlanmış. Ortanca lokorejyönel progresyonsuz sağkalım 10.1 ay olarak saptanmış ve ≥70 yaş üstü hastalar genç hastalara göre daha kötü sağkalıma sahip olup, % 60'ı ilk 3 ayda kaybedilmiş.

-Başka bir çalışmada, hiperfraksiyone radyoterapi öncesi ve sonrası sisplatin (120 mg/m2) ve doksorubisin (60 mg/m2) ile tedavi edilen 30 hastanın ortanca sağkalımı 10 ay ve 3 yıllık sağkalım ise % 27 olarak bildirilmiştir (36).

Bu çalışmalar radyoterapi ve kemoterapiyi birleştiren kombine modalite tedavisi için olası bir sağkalım avantajını desteklese de, seçim yanlılığının sonuç üzerindeki etkisi bulunmaktadır. Rezeksiyon sonrası adjuvan tedavi uygulanan hastalarda genellikle daha lokal hastalık görülmüştür. Optimal tedavinin zamanlaması ve kemoterapi rejiminin seçimi hala tartışmalıdır.

Kombine modalite tedavisinin faydasını kesin olarak kanıtlayacak randomize kontrollü çalışmalar mevcut değildir. Bu nedenle, standart rejimler yoktur. Bununla birlikte, radyasyon tedavisi ile birlikte haftalık doksorubisinin (10 mg/m2) kullanımı hem makul hem de yaygın olarak uygulanır (32), daha agresif rejimler ise dosetaksel ve doksorubisini (39) veya sisplatin ve doksorubisini (36) radyoterapi ile kombine etmiştir.

Anaplastik tiroid karsinomu nadir, hastaların çoğu yaşlı ve performans durumları düşük olduğundan bu hastaları klinik çalışmalara almak çok zordur.

Yine de mevcut tedavi modaliteleri, hastalık kötü prognozu da göz önüne alındığında, anaplastik kanserli bir hastanın klinik araştırmaya katılması standart tedavi oluşması açısından önemli olup, hastaların klinik çalışmaya alınması desteklenmelidir.

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