

32. BÖLÜM

GASTROENTEROPANKREATİK NÖROENDOKRİN TÜMÖRLERDE TERAPÖTİK NÜKLEER TIP YÖNTEM VE YAKLAŞIMLARI

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GİRİŞ

Nöroendokrin tümörler (NET) nöroendokrin sistemden gelişen, yerleşimleri ve salgıladıkları hormonlar nedeniyle farklı klinik tablolara yol açabilen tümörlerdir. NET'ler gastrointestinal ve bronkopulmoner traktan gelişebilmektedir, ancak %70'e yakını gastroenteropankreatik (GEP) sistemden kaynaklanır(1). GEP-NET'ler sindirim sisteminin 2. sıklıkta görülen kanser türüdür(2).

GEP-NET'ler çoğunlukla yavaş büyüyen ve benign seyirli tümörler olsalar da agresif seyir de gösterebilmektedirler. GEP-NET tanılı hastalarda 1 yıllık ve 5 yıllık genel sağkalım oranları %87 ve %63 olarak bildirilmekle birlikte, metastatik hastalarda sağkalım azalmaktadır(3). En sık metastaz yaptıkları organ karaciğerdir(4). GEP-NET'lerin agresif seyrettiği ileri evre hastalıkta radyonüklit tedavi seçenekleri gündeme gelmektedir.

Somatostatin resptörlerinin (SSTR) beş alt tipi bulunmakla birlikte, GEP-NET'lerde %80-90 oranında en fazla eksprese edilen alt tipi SSTR 2 alt tipidir(5,6). SSRT'leri radyonüklit tedavinin ana hedefidir. Radyonüklit tedavide SSTR ligandı olarak DOTA şelatına bağlı peptid yapıda oktreatid analogları tercih edilmektedir ve tedavi "peptid reseptör radyonüklit tedavisi" (PRRT) olarak adlandırılmaktadır(7). Tedavide en sık kullanılan peptidler octreotate (DOTA-0-Tyr3-Octreotate, DOTATATE) ve edotreotide'dir (DOTA0-Phe1-Tyr3-octreotide, DOTATOC). DOTATOC'un SSTR 2'ye afinitesi fazla SSTR 3 ve 5'e ise afinitesi

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