



PROSTAT KANSERİNDE RADYOTERAPİ

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GİRİŞ

Radyoterapi (RT), lokalize prostat kanseri (cT1-4N0-1M0) tedavisinde uzun yıllardır kullanılan oldukça güvenli bir tedavi modalitesidir. Prostat kanserinde tedavi modalitesi belirlerken risk sınıflamasına göre hastalar sınıflandırılır. Lokalize prostat kanserinde radikal prostatektomi (RP) ve RT benzer genel sağkalım (GS), hastalık spesifik sağkalım, nüksüz sağkalım ve hayat kalitesi açısından benzer bulunmuştur. RT, yüksek riskli hastalarda androjen baskılama tedavisi (ADT) ile birlikte kullanılabileceği gibi RP sonrası da uygulanabilir. Hasta yaşı, performansı, hasta tercihi tedavi kararını etkileyecek faktörlerdir.

Çok Düşük Riskli Hastalık

(cT1c, Grade Group 1, yıl PSA <10ng/ml, <3 kor +, herbir korda ≤%50 kanser, PSA density<0.15 ng/ml/g)

Yaşam beklentisi ≥10 olanlarda aktif izlem, <10 yıl olanlarda izlem önerilir.

Düşük Riskli Hastalık

(cT1–cT2a, Grade Grup 1, PSA<10ng/ml)

Yaşam beklentisi <10 yıl olanlarda izlem önerilir, ≥10 olanlarda aktif izlem, RT, Radikal prostatektomi (RP) yapılabilir.

EBRT ve low dose rate (LDR) brakiterapi etkili bir tedavidir. EBRT ile 10 yıllık biyokimyasal nüksüz sağkalım %85 düzeyindedir. Brakiterapi ile bu oran %90 dır. SBRT ; seçilmiş vakalarda önemli bir seçenek haline gelmiştir.

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RT sonrası prostat bezinden salgı devam edebilmektedir. PSA düşmesi 1-3 yıla kadar devam edebilir. Araştırmalar nadir PSA seviyesinin <0.5 ng/ml olmasının iyi bir prognostik faktör olduğunu göstermektedir. RT sonrası PSA rekürrensi var diyebilmek için çeşitli tanımlamalar geliştirilmiştir. ASTRO tanımında RT sonrası PSA nadire ulaşıldıktan sonra peş peşe 3 kontrolde PSA yükselmesinin olması gerekir ve relaps tarihi nadir değere ulaşılan tarihle bu üç yükselen PSA'dan ilkinin arasındaki tarihtir. ASTRO tanımlamasında nadir PSA değerinin kaç olduğu belirtilmemiştir. Fakat nadir PSA <1 ng/ml olması biyokimyasal nüksüz sağkalım açısından önemlidir. Diğer bir tanımlama olan Phoenix tanımlamasında PSA 'nın en küçük ölçülebilen değerinde >2 ng/ml fazla olması olarak tanımlanmıştır.

Sistit, rektit gibi RT ye bağlı geç yan etkiler açısından hasta her muayenede sorgulanmalıdır.

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