Bölüm
5

AKCİĞER KANSERİ METASTAZLARINDA SBRT'NİN YERİ

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GİRİŞ

Akciğer kanseri tüm dünyada kanserden ölümlerin başlıca nedeni olarak kabul edilmektedir. Akciğer kanserlerinin yaklaşık %85-90'ı küçük hücre dışı akciğer kanserleridir (KHDAK). Bu hastaların %40-50'si teşhis esnasında metastatik hastalığa sahiptir [(1)]. Hastalık seyri esnasında metastaz gelişen hasta sayısı da oldukça fazladır. Daha önceki yıllarda yapılan tedavilerle metastatik hastalık için verilen medyan sağ kalım süresi 8-10 aylar civarındayken [(2)], son yıllarda tirozin kinaz inbitörleri (TKI) kullanılarak yapılan hedefe yönelik tedaviler ve immunoterapi sayesinde hastalıksız ve genel sağ kalım sürelerde artış elde edilmiştir [(3-5)].

Lokal ileri KHDAK'de oligometastatik hastalık görülme sıklığı %26-50 arasındadır [(6)]. Sınırlı sayıda klinik olarak saptanabilen metastazı olan KHDAK olgularında, yaygın metastazı olanlara göre daha iyi prognoz olduğu gösterilmiştir [(6-8)]. Bu hastaların yaklaşık dörtte birinde tüm hastalıklı bölgelerin tedavi edilmesi ile uzun sağ kalım elde edilmektedir [(7)]. Oligometastatik KHDAK'inde SBRT'nin kullanılması ile beraber hastalıksız ve genel sağ kalımda artış görülmüştür [(9)]. Oligometastazların en sık görüldüğü bölgeler beyin, akciğer, kemik ardından sürrenal, karaciğer ve toraks dışı lenf nodlarıdır [(8,10)].

Tanısal görüntülemelerdeki yenilikler, özellikle beyin MR ve FDG PET/BT'nin kullanımının artması ile metastazların saptanabilmesi kolaylaşmıştır. [(11)]. KHDAK'lerinin yaklaşık %15'inde PET/BT kullanımı ile evre IV hastalık oranında artış olmuştur [(12-13)]. Başlangıçta oligometastatik hastalık olarak kabul edilerek PET görüntüleme sonrası yaygın metastatik hastalık olduğu görülen hasta sayısı oldukça fazladır.

Metastatik KHDAK'de radyoterapinin yeri çoğunlukla semptomların palyasyonu şeklindeyken, son yıllarda metastatik hastalık tanımıyla beraber oligometastatik hastalık teriminin tanımlanması ile sınırlı hastalıkta lokal ablatif tedaviler (cerrahi, radyoterapi, termal tedaviler) gündeme gelmiştir.

Teknolojik gelişmelerle beraber radyoterapide de birçok yenilikler olmuştur. Bir ya da daha fazla fraksiyonda intrakranial uygulanan Stereotaktik radyocerrahi (SRS) veya ekstrakranial tek ya da multipl fraksiyon olarak uygulanan stereotaktik ablatif radyoterapi (SABR), hipofraksiyone görüntü kılavuzluğunda radyoterapi olarak adlandırılmaktadır ve konvensiyonel radyoterapiye göre artmış tümör kontrolü ve tolerabilite sağlanmaktadır [(14-18)].

ORGANLARA YÖNELİK TEDAVİLER

Beyin

Beyin metastazları KHDAK'lerinin %30-50' sinde görülmektedir. Kranial metastaz varlığı, evre IV KHDAK'lerinin daha iyi prognozlu bir alt grubunu oluşturmaktadır. Beyin MR'ının sık kullanılması ve etkin sistemik tedavilerin kan-beyin bariyerini yeterince geçememesine bağlı beyin

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Anahtar Kelimeler: Akciğer kanseri, SBRT, Oligometastaz

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