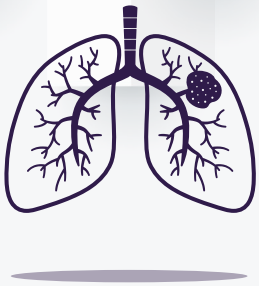

Bölüm 15

Küçük Hücre Dışı Akciğer Kanseri

Güler YAVAŞ [1]

Epidemiyoloji, Risk faktörleri

Akciğer kanseri ülkemizde ve dünyada en sık görülen kanserler arasında olup, her iki cinsiyette de kansere bağlı ölümlerde ilk sırada yer almaktadır. Epidemiyolojik verilere göre 2021 yılında Amerika'da beklenen akciğer kanseri insidansı her iki cinsiyet için toplam 235.760 (erkek: 119.100 ve kadın: 116.660)'tır. Yine Amerika'da 2021 yılında beklenen akciğer kanserine bağlı mortalite her iki cinsiyet için toplam 131.880'dir (erkek: 69.410 ve kadın: 62.470) (1). Türkiye'de akciğer kanseri, Sağlık Bakanlığı 2016 verilerine göre erkeklerde en sık, kadınlarda is beşinci sıklıkta görülen kanser türüdür. Ülkemizde her yıl yaklaşık olarak 30.000 yeni vakanın teşhis edildiği tahmin edilmektedir. Tüm dünyada olduğu gibi ülkemizde de akciğer kanseri, hem erkekler hem de kadınlar arasında kanserden ölümlerin en sık nedenidir ve tüm kanser ölümlerinin neredeyse %25'ini oluşturmaktadır (2).

Akciğer kanserinin risk faktörünü araştıran çalışmaların çoğu gelişmiş ülkelerden yayınlanmaktadır ve bu ülkelerde tütün ve tütün ürünleri kullanımı akciğer kanseri için en önemli risk faktörüdür. Tüm akciğer kanserlerinin yaklaşık olarak %90'ının sigara kullanımı sonucunda geliştiği tahmin edilmektedir (3). Pasif içicilik de yine önemli bir risk faktörüdür. Tütün ve tütün ürünü kullanımının azaltılmasına yönelik çalışmalar akciğer kanseri insidansını azaltacak gibi görünmektedir. Tütün ve tütün ürünlerine ek olarak asbestos, radon, silika, arsenik, formaldehit, ağır metaller (nikel, kadmiyum, krom), polisiklik aromatik hidrokarbonlar, iyonizan radyasyon ve vinil kloridin de akciğer kanseri için birer risk faktörü oldukları bilinmektedir (4). Akciğer kanserinde genetik faktörlerin de rol oynadığı bilinmektedir.

KHDAK tüm akciğer kanserlerinin yaklaşık %85'ini oluşturmaktadır. En sık görülen histolojik subtipleri adenokarsinom, yassı hücreli ve büyük hücreli karsinomdur. Son yıllarda en sık rastlanan subtip adenokarsinomdur.

Evreleme

Akciğer kanseri tanısı konulduktan sonra tedavi planını ve prognozu belirlemek amacı ile hastalığın evresini belirlemek oldukça önemlidir. Küçük

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KHDAK için de kardiyak toksisitenin önemli akılda bulundurulmalı ve doz sınırlamalarına özen gösterilmelidir. RTOG 0617 çalışması akciğer kanserinde kardiyak toksisitenin önemini gösteren önemli çalışmalardan biridir. Bu çalışmada yüksek doz grubundaki düşük sağ kalımların (28.7 vs. 20.3 ay) bir nedenin de kardiyak toksisite olabileceği vurgulanmış ve 3-boyutlu konformal RT yerine YART gibi daha teknolojik tedavilerin kullanılması gerektiği vurgulanmıştır(47, 48).

Özellikle SVRT uygulamalarında RT'ye bağlı göğüs duvarı ağrısı ve kosta kırıkları gözlemlenebilir. Bu nedenle SVRT uygulamalarında göğüs duvarı kritik bir organ olarak konturlanmalıdır ve doz sınırlamalarına özen gösterilmelidir. Yine treakea ve ana bronşlarda radyasyona bağlı fibrozis ve nekroza bağlı hemoptizi, darlıklar, fistüller, perforasyon ve artmış enfeksiyon riski görülebilir. Özellikle santral yerleşimli tümörlerde SVRT uygulamalarında bu riskler dikkate alınmalı ve uzun fraksinizasyonlu şemalar tercih edilmelidir.

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