# BÖLÜM 14

# Mide Kanserinde Radyoterapi

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## Giriş

Uluslararası yıllık insidansı düşse de, dünya çapında mide kanseri en sık teşhis edilen maligniteler arasında yer almaktadır (1). Halen Amerika Birleşik Devletleri'nde (ABD) ve tüm dünyada kanser ölümlerinin başlıca nedenidir. Yüksek ölüm oranı tanı konulduğu anda ileri evrede olma prevelansını yansıtmaktadır. Mide kanseri için kanıtlanmış tek küratif girişim radikal cerrahidir. Genişletilmiş lenfadenektominin mide kanseri tedavisindeki rolü, büyük, randomize çalışmalardan elde edilen verilerin üstünlüğüne rağmen tartışmalıdır. Cerrahi lenf nodu seviyeleri sınıflandırılmasında genellikle Japon Mide Kanseri Derneği tarafından yapılan sınıflandırma kullanılmaktadır ve gereken lenfadenektominin kapsamını belirlemek için kullanılır. Kısaca, 1-6 arasındaki istasyonlarının (perigastrik lenf nodları) çıkarılması D1 diseksiyonu, çölyak, ortak hepatik ve dalak lenf nodlarının çıkarılması gerekiyorsa D2 diseksiyonu olarak tanımlanmaktadır. Para-aortik lenf nodlarının çıkarılması da dahil olmak üzere daha kapsamlı lenfadenektominin katkısı değerlendirilmiştir, ancak D2 disseksiyona göre bir fayda sağladığı görülmemektedir (2-6). Ayrıca, Japonya'da standart olarak kabul edilse de D2 rezeksiyonunun rolü, Avrupa ve ABD'de tartışmalıdır.

Evre I, tamamen rezeke edilmiş mide kanserli hastalarda 5 yıllık sağkalım oranı %70-75 iken, Evre IIB ve üstü kanserlerde bu oran %35 ve altına düşmektedir. Bu durum daha iyi tedavi yanıtının elde edilebilmesini sağlamak amacıyla cerrahiye preoperatif veya posoperatif tedavilerin eklenmesi gerekliliğini ortaya çıkmıştır.

Son 30 yıl boyunca küratif cerrahi uygulanan mide kanseri hastalarında nüks riskinin azaltılması ve sağkalımın iyileştirilmesine yönelik kemoterapi (KT) ve kemoradyoterapiyi (KRT) içeren multimodal stratejilere yönelik çok sayıda çalışmalar yapılmıştır.

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## Kaynaklar


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