BÖLÜM 19

Pankreas Kanserinde Radyoterapi

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Pankreas kanserinde radyoterapi (RT), cerrahi ve kemoterapiden sonra kullanımı sınırlı olsa da uygulanmaktadır. Metastatik olmayan pankreas kanserinde cerrahi rezeksiyon, en iyi tedavi şansını sunar. Ancak, hastaların sadece %15-20'sinin tanı anında rezeksiyon şansı vardır. Yaklaşık %40'ı uzak metastazlara sahiptir ve %30-40'ı lokal olarak ilerlemiş, inoperabl olarak kabul edilir. Lokal olarak ilerlemiş, rezeke edilemeyen pankreas kanseri olan hastalarda, özellikle çölyak ve superior mezenterik arterler ve bitişik yapılara tümör invazyonu vardır. Bu hastaların optimal yönetimi tartışmalıdır ve uluslararası kabul görmüş standart bir yaklaşım yoktur. Terapötik seçenekler arasında tek başına radyasyon tedavisi, kemoradyoterapi (KRT) ve tek başına kemoterapi bulunur. Bazı durumlarda, ilk tedaviye yanıt sonrası rezeksiyon seçeneği yeterli olacaktır.

Rezektabilite değerlendirmesi preoperatif evreleme kontrastlı bilgisayarlı tomografi (BT), manyetik rezonans (MRG) görüntüleme, endoskopik ultrason ve evreleme laparoskopisi gibi görüntüleme yöntemleriyle ve daha az sıklıkla laparotomi/laparoskopi sırasıyla yapılır. Pankreas kanserleri rezeke edilebilirlik açısından bitişik yapıların tutulumuna ve uzak metastazların varlığına göre rezeke edilebilir kanserden rezeke edilemez kansere doğru kategorize edilebilir (1). Amerikan Klinik Onkoloji Derneği kılavuzları (NCCN) (2) ve Abdominal Radyoloji Derneği/Amerikan Pankreas Dernekleri'nin konsensüs temelli kılavuzlarına göre rezektabilite kriterleri: Pankreas başı/unsinat lezyonlar için, superior mezenterik arterin (SMA)>180 derece tümör invazyonu, çölyak ekseni >180 derece tümör invazyonu, birinci jejunal SMA dalı ile solid tümör teması, tümör tutulumu oklüzyon veya yumuşak trombüs nedeniyle superior mezenterik venin (SMV) tıkanması veya portal ven, SMV'ye en proksimal drenaj yapan jejunal dalı ile teması sayılabilir (3). Gövde ve kuyruk

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malıdır. SBRT dozu 3 fraksiyon (toplam doz 30-45 Gy) veya 5 fraksiyon (toplam doz 25-45 Gy), hipofraksiyone yaklaşımla yüksek dozların verilmesidir. Deneyimli merkezlerde daha uzun süreli takiplerin bildirilmesi gereklidir (64). Daha yüksek dozlar kullanıldığında tedavi efektiftir ve normal doku kısıtlamalarına uyulmalıdır (65).

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