BÖLÜM 36

Rektum Kanserinde Neoadjuvan ve Adjuvan Tedavi

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Giriş

Amerika Birleşik Devletleri'nde (ABD) her yıl yaklaşık 45.230 hastaya rektum kanseri teşhisi konmaktadır (1). Rektal adenokarsinomda cerrahi rezeksiyon küratif tedavinin temel taşıdır, ancak tek başına cerrahi, yalnızca erken evre hastalığı (evre 1) olan hastalar için yüksek kür oranı sağlar. Birçok randomize çalışmada, ameliyattan önce ve sonra kemoterapi (KT) ve radyoterapi (RT) eklenerek sonuçlar iyileştirmeye çalışılmıştır. RT, kolon kanserine göre, rezeksiyonu takiben daha yüksek oranda lokal nüks olması nedeniyle, rektum kanseri için önemli bir tedavi bileşeni olarak ortaya çıkmıştır (2).

Çok nadir görülen primer rektal skuamöz hücreli karsinomların anal kanserlerden ayırt edilmesi bazen zor olabilir ve anal kanserle aynı yaklaşımla, yani cerrahi yerine öncelikle kemoradyoterapi (KRT) ile tedavi edilir (3).

Yüzeysel küçük invaziv rektal adenokarsinomlar, lokal eksizyon gibi sınırlı cerrahi prosedürlerle etkili bir şekilde tedavi edilebilir. Bununla birlikte, hastaların çoğu, LAR (Low anterior rezeksiyon) veya APR (Abdominoperineal rezeksiyon) gibi daha kapsamlı transabdominal cerrahi gerektiren derin invaziv tümörlere sahiptir. Bazıları da, sakrum, pelvik yan duvarlar, prostat veya mesane gibi komşu doku ve organlara invaze olan lokal olarak ilerlemiş tümörler ile kendini gösterir. Bu hastaların cerrahi ve onkolojik yönetimi büyük ölçüde evresine ve rektum içindeki konumuna bağlı olarak değişir. Üst ve orta rektumdaki tümörler genellikle LAR, koloanal anastomoz ve anal sfinkterin korunması ile yönetilebilir. Ortaya çıkan anorektal fonksiyon kusurlu olsa de, pelvik otonom sinirlerin korunmasıyla postoperatif cinsel ve üriner disfonksiyon riski azaltılabilir. Bu operasyonlar, çoğu durumda, özellikle total mezorektal eksizyon (TME) ile beraber yapılmaktadır. Alt rektumdaki

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