

REKTUM KANSERİNDE RADYOTERAPİNİN YERİ GÜNÜMÜZDE VE GELECEKTE

13. BÖLÜM

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ÖZET

Rektum kanserlerinde tedavi yönetimi tümörün rektumdaki yerleşim yeri, boyutu, lokal yayılımı veya uzak metastaz varlığı gibi bir dizi faktöre bağlıdır. Son yıllarda rektum kanseri için çok sayıda yenilikçi tedavi modalitesi geliştirilmiştir. Neoadjuvan kemoradyoterapi, giderek daha fazla kullanılan tedavi yaklaşımıdır. Özellikle T1-2, N0 hastaları için ilk tedavi seçimi cerrahi iken, T3-4 veya nod pozitif hastalarda sıklıkla cerrahiye ek olarak neoadjuvan kemoradyoterapi uygulanmaktadır. Hastaların klinik, radyolojik ve patolojik bulguları cerrahi, radyasyon onkolojisi ve medikal onkoloji hekimlerinin dahil olduğu multidisipliner bir ekip tarafından değerlendirilerek hasta bazında optimal tedavi yönetimi kurgulanmalıdır.

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nıt için yeterince iyi bir gösterge değildir^(73,74). Daha önce de belirtildiği gibi, klinik cevabın değerlendirilmesi için görüntüleme yöntemlerinden de yararlanılabilir ancak MRG çalışmalarında fibrozisin tümörden ayırt edilmesinin güç olduğu ve patoloji ile korelasyonunun zayıf olduğunu gösteren çalışmalar mevcuttur⁽²⁴⁾. Difüzyon görüntüleme ya da 3. Ay takip görüntülerinin de beraber uygulanması tedavi yanıtı değerlendirilmesi konusunda daha fazla bilgi verebilir^(75,76). PET/CT de tedaviye yanıtın değerlendirilmesinde kullanılabilir⁽⁷⁷⁾.

Bekle ve izle yaklaşımı ile takip edilen hastalarda tartışmalı konulardan birisi de neoadjuvan tedavi sonrası cevabın ne zaman değerlendirileceğidir. Bu soruya yanıt veren ilk randomize çalışma Lyon R90-01'dir. KRT sonrası 6. haftada radikal cerrahiye alınan hastalarda, 2. Haftada alınanlara göre tümör regresyonunun daha belirgin olduğu gözlenmiştir⁽⁴⁷⁾. Ancak retrospektif çalışmalar, 12 haftaya kadar uzun sürelerde tam patolojik cevap oranlarının daha da arttığını göstermiştir⁽⁷⁸⁾. Petrelli ve ark.'nın yaptığı metaanalizde de 6-8 haftadan daha uzun sürelerde patolojik tam cevap oranlarının %6 arttığı gösterilmiştir⁽⁷⁹⁾.

Bu çalışmalardan çıkarabileceğimiz sonuç, optimal bekleme süresinin tüm hastalar için aynı olmayabileceği, hastanın klinik durumu, tümör yaygınlığı, tipi ve tedaviye yanıtı gibi faktörler göz önünde tutularak hasta bazlı değerlendirilmesi gerektiğidir.

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