

REKTUM KANSERİNDE NEOADJUVAN TEDAVİ

14. BÖLÜM

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Cerrahi rezeksiyon, rektal adenokarsinom'da küratif tedavinin temel taşıdır, bununla birlikte, neoadjuvan kemoradyoterapi (KRT) rektal adenokarsinom'lu hastalar için giderek daha fazla kullanılan bir stratejidir. Neoadjuvan KRT için, randomize çalışmaların sonuçlarıyla desteklenen tek kesin endikasyon, tedavi öncesi evreleme değerlendirmesinde tanımlanan klinik (c) T3ve cT4 tümör varlığıdır. Neoadjuvan KRT için göreceli endikasyonlar ise, manyetik rezonans (MRI) veya transrektal endoskopik ultrason (EUS) ile cT1/2 olarak evrelendirilmiş olan bir hastada klinik olarak nod pozitif hastalığın olması, abdominoperineal rezeksiyonun (APR) gerekli olduğu distal rektal tümör varlığı ve preoperatif görüntülemede mezorektal fasyaya invaze olduğu görülen, cerrahi sınır negatif çevresel rezeksiyon marjı (CRM) elde etme olasılığının düşük olduğu tümör varlığıdır.

T3/4 tümörler — Rektal adenokarsinom'da neoadjuvan uzun süreli KRT veya kısa süreli radyoterapinin (RT) randomize klinik çalışmalarla desteklenen tek kesin endikasyonu cT3 veya cT4 tümör varlığıdır. Eğer bu hastalar başlangıçta opere edilirlse, postoperatif RT almaları önerilir. Randomize çalışmalar ve bir meta-analizin sonuçlarına göre ⁽¹⁾ preoperatif yaklaşım, postoperatif tedaviye göre daha az uzun dönem toksisite profili ve daha az lokal nüks ile ilişkilidir; genel sağkalım (GS) benzer görülmektedir.

Klinik T3N0 tümörler — EUS ve MRI ile cT3N0 olarak evrelendirilmiş tüm rektal adenokarsinom hastalarına neoadjuvan RT veya KRT önerilmektedir. Ancak cT3N0 hastaların en doğru yönetimi yine de net değildir. Bu hastaların bazılarının prognozu çok iyi seyretmektedir, bu nedenle önce total mezorektal eksizyon (TME) yapılan hastalarda postoperatif adjuvan tedavinin gerekliliği sorgulan-

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laşımdır. Öte yandan, NCCN kılavuzu, klinik tam yanıt elde edilen hastalarda, deneyimli multidisipliner ekip tarafından takip planlanarak ameliyat dışı yaklaşımın düşünülebileceğini belirtmektedir. Lokal ve uzak nüks riskinin yeterince belirlenemediği göz önüne alındığında, ameliyat dışı tedaviye ilişkin herhangi bir kararın riskleri hastayla tartışılmalıdır.

Tümör yanıt değerlendirmesi — Radikal cerrahiden kaçınabilecek hastaların seçilmesinin önündeki en büyük engel, neoadjuvan tedaviye tümör yanıtının tam bir patolojik incelemeden sonra en doğru şekilde belirlenebilmesidir. Neoadjuvan tedaviyi takiben klinik olarak tam yanıtı belirleyebilecek tek bir test yoktur. Rektal muayene, kolonoskopi, MRI, EUS, PET BT kullanılabilir.

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