

Bölüm 13

METASTATİK TİROİD KANSERLERİNDE TEDAVİ SEÇENEKLERİ

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GİRİŞ

Tiroid kanseri en sık görülen endokrin tümörlerden biridir ve yaygınlığı son yıllarda giderek artmaktadır (1). Avrupa Kanser Kayıtları Ağı'ndan alınan rakamlar, 2012 yılında kadınlar arasındaki tahmini insidans oranlarının erkeklerden yaklaşık üç kat daha yüksek olduğunu göstermektedir (100.000 kişi-sırasıyla yılda 9,3 ve 3,1 vaka). Tiroid kanseri ile ilişkili tahmini ölüm oranları ise düşüktür (kadınlar ve erkekler için sırasıyla 100 000 kişi yılda 0,7 ve 0,5 vaka) (2). Amerika Birleşik Devletleri'ndeki insanların yaklaşık %1,2'sine yaşamlarının bir döneminde tiroid kanseri teşhisi konulmaktadır (3).

Papiller tiroid karsinomu (PTK), tüm tiroid kanserlerinin yaklaşık %84'ünü oluşturur. Papiller, foliküler ($\approx$ %4) ve onkositik ($\approx$ %2) kanserler, iyi diferansiye tiroid kanseri (DTK) olarak adlandırılır. Daha az görülen ve daha agresif olan alt tipler arasında, tümörde genetik mutasyonların birikmesi sonucu iyi diferansiye tiroid kanserinden gelişen kötü diferansiye ve anaplastik tiroid karsinomu (ATK) yer alır. Medüller tiroid kanseri (MTK) ($\approx$ %4) ise parafoliküler C hücrelerinden kaynaklanır (3). Ayrıca, 1988-1989'da teşhis edilen yeni tiroid kanserlerinin %25'i $\leq$ 1 cm iken, 2008-2009'da yeni tiroid kanseri teşhislerinin %39'u $\leq$ 1 cm dir (4).

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4 cm'dir. Beyin MRG ve BT taramaları, beyin lezyonlarını tespit etmede FDG PET taramalarından daha hassastır ve beyin MRG'nin BT'den daha hassas olduğunu gösteren kanıtlar vardır (67,75). Bu nedenle MRG ideal olarak ilk ATK evrelemesinin bir parçası olarak sistemik tedaviye başlamadan önce yapılmalıdır (67).

Kemik Metastazları

ATK genellikle birden fazla başka uzak metastaz bölgesinin varlığında, vakaların %5-15'inde kemiğe metastaz yapar (67). Kemik metastazlarının tedavisinde, cerrahi veya radyoterapi düşünülmeli ve duruma göre uyarlanmalıdır. Fonksiyon kaybını korumak veya tedavi etmek için cerrahi gerekmedikçe radyasyon tedavisi tercih edilir (örn. gerçek veya yakın omurilik basısı, patolojik uzun kemik kırığı). Kriyoablasyon gibi girişimsel radyoloji palyasyonu da, özellikle cerrahi ve radyoterapinin kontrendike olduğu hastalarda bir role sahip olabilir (67,76). Vertebroplasti gibi diğer yaklaşımlar da seçilmiş vakalarda uygun olabilir. Uzman spinal ve ortopedik ekiplerle konsültasyon düşünülmelidir (67).

Diğer Metastaz Bölgeleri

İleri evre ATK'de akciğer metastazları oldukça yaygındır; plevra/göğüs duvarına semptomatik metastaz geliştiren hastalarda, bunlar radyoterapi ile palyatif olarak giderilebilir. Bazen, bronşlara bası yapan ve postobstrüktif pnömoniye yol açabilecek santral mediastinal nodüler metastazlar ortaya çıkabilir. Bu gibi durumlarda palyatif radyoterapi düşünülmelidir. Hemoptiziye neden olan endobronşiyal lezyonlar, lazer gibi endobronşiyal tedavi veya radyoterapi ile palyatif olarak giderilebilir.

Bu nedenle diğer metastatik hastalık bölgelerine yaklaşımda yaygın çok merkezli metastatik hastalıkların oluşturduğu tehdit ile bireysel lezyonların oluşturduğu tehdit dikkatlice kişiselleştirilmeli ve hastanın bakım hedefleri dikkate alınmalıdır (67).

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