BÖLÜM 10

Geriatrik Üroonkolojide Radyoterapi

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GİRİŞ

Gelişmiş ülkelerde yaşam sürelerinin uzaması ile birlikte radyoterapi (RT) uygulanan hastaların yaş ortalaması her geçen gün artmaktadır (1). İlerleyen yaş ile birlikte azalmış RT toleransını gösteren bir çalışma olmamasına rağmen, yaşlı hastaların performans skorlarının genç hastalara kıyasla daha düşük olması ve komorbiditelerinin tedavi toleransını etkilemesi gibi sebeplerden dolayı adjuvan RT yaşlı hastalarda daha az sıklıkta tercih edilmektedir (2, 3). Buna karşılık, komorbiditelerinden dolayı cerrahi yapılamayan hastalarda invaziv olmayan bir tedavi seçeneği olarak küratif tedavide RT uygun bir seçenek olarak karşımıza çıkmaktadır. Yaşlı hastaların tedavisine karar verirken birçok faktör göz önünde bulundurulmalıdır. Hasta için herhangi bir tedavi seçimi yapmadan önce, hastanın önemli bir sakatlık olmaksızın bağımsız bir durumda kalan ortalama yaşam yılı sayısını dikkate almak önemlidir. Bununla birlikte günlük uygulamada, yaşam beklentisinin subjektif olarak tahmin edilmesi, çoğu klinisyenin kötümser bakış açısı nedeniyle yetersiz tedaviye yol açabilir (4). Hastaların tedavi öncesi uygunluğunu bireysel olarak belirlemek için etkili ve kanıta dayalı bir yaklaşım uygulanmalıdır. Bu, özellikle birden fazla komorbiditesi olan yaşlı hastalar için önemlidir. Bu nedenle, "Kapsamlı Geriatrik Değerlendirme (CGA)" bireyselleştirilmiş sağkalımı öngörmek ve potansiyel toksisiteleri tahmin etmek için tasarlanmıştır (5). Günlük Yaşam Aktiviteleri (ADL) bağımlılığı, komorbiditeyi ve potansiyel sosyal destek ihtiyacını belirlemek için kullanılan bir başka değerlendirme aracıdır. Uluslararası Geriatrik Onkoloji Derneği (SIOG), yaşlı prostat kanseri hastalarının yönetimi için G8 geriatrik tarama aracını önermiştir (6). Bu araç, gıda alımı, kilo kaybı, vücut kitle indeksi (VKİ), hareketlilik, biliş, polifarmasi, yaş ve sağlık durumunu değerlendirerek herhangi bir onkolojik tedaviden önce ek değerlendirme veya müdahale

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dır. Geriatrik hastalarda definitif tedavi alabilecek hasta grubunu iyi seçebilmek için hastaların performansı, yaşı ve komorbiditesi gibi durumlar dikkate alınmalıdır. Ayrıca bu yaş grubundaki hastaların kırılgan, komorbiditeleri olan hastalar olduğu dikkate alınarak tedaviye uyumu arttırmak için tedavi süresini kısaltan hipofraksiyone RT ve olumsuz orta riskli ve yüksek riskli hastalarda ise hipofraksiyone RT' ye ADT eklenmesi önerilmelidir.

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