

BIR NECHTA UZOQ METASTAZLAR BILAN RIVOJLANGAN DIFFERENTIAL TIROID SARATONINI DAVOLASH (KLINIK KUZATUV)

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Bir nechta uzoq metastazlar bilan rivojlangan differentsial tiroid saratonini davolash odatda ko'p tarmoqli yondashuvni o'z ichiga oladi va jarrohlik, radioaktiv yod terapiyasi, maqsadli terapiya, kimyoterapiya va tashqi radiatsiya terapiyasi kabi turli usullarni o'z ichiga olishi mumkin. Muayyan davolash rejasi metastazlarning tarqalishi, saratonning tajovuzkorligi, bemorning umumiy salomatligi va uning afzalliklari kabi omillarga bog'liq.

Jarrohlik: jarrohlik ko'pincha qalqonsimon bez saratonini davolashning asosiy usuli hisoblanadi. Uzoq metastazlar bilan rivojlangan kasallik holatlarida jarrohlik hali ham birlamchi o'smani olib tashlashda va o'smaning mahalliy ta'siridan kelib chiqadigan simptomlarni engillashtirishda muhim rol o'ynashi mumkin. Biroq, ba'zi hollarda barcha metastatik lezyonlarni to'liq olib tashlash mumkin bo'lmazligi mumkin.

Radioaktiv yod terapiyasi (RAI): RAI odatda qalqonsimon bez saratonini davolashda, ayniqsa metastatik kasalliklarda qo'llaniladi. Radioaktiv yod qalqonsimon bez to'qimalari, shu jumladan qalqonsimon saraton hujayralari tomonidan so'riladi va saraton hujayralarini, ayniqsa yodni yutish qobiliyatini saqlaydigan hujayralarni yo'q qilishga yordam beradi. Biroq, uzoq metastazlarni davolashda uning samaradorligi metastatik o'choqlarning yodavidligiga bog'liq.

Maqsadli terapiya: saraton o'sishi va rivojlanishida ishtirok etadigan o'ziga xos molekulalar yo'llarga qaratilgan dorilar uzoq metastazli rivojlangan qalqonsimon bez saratonida qo'llanilishi mumkin. Masalan, qon tomir endotelial o'sish omili (VEGF) retseptorlariga qaratilgan dorilar yoki Lenvatinib yoki Sorafenib kabi tirozin kinaz inhibitörleri (tki) ba'zi hollarda samarali ekanligini ko'rsatdi.

Kimyoterapiya: an'anaviy kimyoterapiya boshqa davolash usullari samarasiz yoki mos bo'lmagan hollarda ko'rib chiqilishi mumkin. Shu bilan birga, kimyoterapiya qalqonsimon bez saratonida boshqa saraton turlariga qaraganda kamroq samaralidir va maqsadli davolash usullari ko'pincha ularning nojo'ya ta'sirlari tufayli afzalroqdir.

Tashqi radiatsiya terapiyasi (EBRT): ebrt og'riq yoki yaqin atrofdagi tuzilmalarni siqish kabi metastatik lezyonlardan kelib chiqqan simptomlarni engillashtirish uchun ishlatilishi mumkin. Bundan tashqari, u operatsiyadan keyin yordamchi vosita sifatida yoki metastatik kasallikning ayrim joylariga ta'sir qilish uchun boshqa davolash usullari bilan birgalikda ishlatilishi mumkin.

Klinik sinovlar: qalqonsimon bez saraton bilan og'rigan bemorlar yangi davolash usullarini yoki ularning kombinatsiyasini baholaydigan klinik sinovlarga nomzod bo'lishi mumkin. Klinik sinovlar hali keng qo'llanilmagan bo'lishi mumkin bo'lgan yangi, istiqbolli davolash usullariga kirish imkonini beradi.

Qalqonsimon bez saraton bilan og'rigan bemorlar endokrinologlar, jarrohlar, tibbiy onkologlar, radiatsiya onkologlari va boshqa mutaxassislardan iborat ko'p tarmoqli guruh tomonidan ularning o'ziga xos ehtiyojlari va sharoitlariga moslashtirilgan individual davolash

rejasini ishlab chiqish uchun baholanishi muhimdir. Muntazam kuzatuv va monitoring, shuningdek, davolanishga javobni baholash va kerak bo'lganda davolash rejasini tuzatish uchun zarurdir.

References:

1. Haugen BR, Alexander EK, Bible KC, et al. 2015 American Thyroid Association Management Guidelines for Adult Patients with Thyroid Nodules and Differentiated Thyroid Cancer: The American Thyroid Association Guidelines Task Force on Thyroid Nodules and Differentiated Thyroid Cancer. *Thyroid*. 2016;26(1):1-133. doi:10.1089/thy.2015.0020
2. Cabanillas ME, McFadden DG, Durante C. Thyroid cancer. *Lancet*. 2016;388(10061):2783-2795. doi:10.1016/S0140-6736(16)30172-6
3. Schlumberger M, Brose M, Elisei R, et al. Definition and management of radioactive iodine-refractory differentiated thyroid cancer. *Lancet Diabetes Endocrinol*. 2014;2(5):356-358. doi:10.1016/S2213-8587(13)70187-X
4. Durante C, Haddy N, Baudin E, et al. Long-term outcome of 444 patients with distant metastases from papillary and follicular thyroid carcinoma: benefits and limits of radioiodine therapy. *J Clin Endocrinol Metab*. 2006;91(8):2892-2899. doi:10.1210/jc.2005-2838
5. Brose MS, Nutting CM, Jarzab B, et al. Sorafenib in radioactive iodine-refractory, locally advanced or metastatic differentiated thyroid cancer: a randomised, double-blind, phase 3 trial. *Lancet*. 2014;384(9940):319-328. doi:10.1016/S0140-6736(14)60421-9
6. Bible KC, Suman VJ, Molina JR, et al. Efficacy of pazopanib in progressive, radioiodine-refractory, metastatic differentiated thyroid cancers: results of a phase 2 consortium study. *Lancet Oncol*. 2010;11(10):962-972. doi:10.1016/S1470-2045(10)70203-5
7. Cabanillas ME, Schlumberger M, Jarzab B, et al. A phase 2 trial of lenvatinib (E7080) in advanced, progressive, radioiodine-refractory, differentiated thyroid cancer: a clinical outcomes and biomarker assessment. *Cancer*. 2015;121(16):2749-2756. doi:10.1002/cncr.29399
8. Sherman SI, Wirth LJ, Droz JP, et al. Motesanib diphosphate in progressive differentiated thyroid cancer. *N Engl J Med*. 2008;359(1):31-42. doi:10.1056/NEJMoa075853
9. Schlumberger M, Tahara M, Wirth LJ, et al. Lenvatinib versus placebo in radioiodine-refractory thyroid cancer. *N Engl J Med*. 2015;372(7):621-630. doi:10.1056/NEJMoa1406470
10. Brose MS, Worden FP, Newbold KL, et al. Effect of age on the efficacy and safety of lenvatinib in radioiodine-refractory differentiated thyroid cancer in the phase III SELECT trial. *J Clin Oncol*. 2017;35(23):2692-2699. doi:10.1200/JCO.2016.71.6471