EXPERIENCIA PROPIA - RESULTADOS

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EXPERIENCIA PROPIA

La primera intervención de Braquiterapia prostática en España fue realizada por el Dr. Prada en 1998, hace kĆq bc una década de ese primer tratamiento, aunque previamente participó en el tratamiento de un grupo de pacientes a los que se les realizó Braquiterapia con ^{198}Au a nivel prostático a través de cirugía abierta, como sobre impresión a radioterapia externa entre 1980 y 1986 y cuyos resultados están publicados en Archivos Españoles de Urología.

Durante este período de tiempo y hasta lmtgck`pcbc0./., hemos qsncp_bmj_q1... glrcptclagmlcq, lo que representa la mayor serie Braquiterapia prostática en nuestro país y una de las mayores europeas.

Desde hace ya algunos años, somos el único grupo que realizamos una Rčalga_ de planificación intraoperatoria por cálculo dinámico de dosis (tiempo real), por creer que dicha técnica es la más segura en el control de la distribución de las dosis a aplicar, lo que nos permite administrar grandes dosis de radiación de forma muy selectiva y controlada evitando la irradiación de las zonas sanas y por lo tanto las complicaciones.

Las ventajas que representa dicha técnica respecto a las otras técnicas existentes son:

- Todo el proceso se realizará en un acto quirúrgico un único incluyendo la post planificación.
- Es la única técnica que permite correcciones de zonas infra o sobredosificadas durante la propia intervención.

Durante todo este tiempo hemos contribuido a la mejora del tratamiento Braquiterapico del cáncer de próstata con el desarrollo de avances técnicos y terapéuticos propios que enumeramos a continuación:

- La utilización de dos actividades de semillas en el mismo paciente y durante la misma intervención, nos ha permitido utilizar un menor número de agujas, lo que supone menor traumatismo para el paciente y por lo tanto menor número de complicaciones, así como una mejora en la distribución de las dosis a administrar.
- La técnica de protección rectal desarrollada nos permite llegar a anular la toxicidad a nivel del recto (ver multimedia).
- La técnica de protección uretral, en estos momentos en desarrollo (ensayo clínico) nos permitirá disminuir la toxicidad ha dicho nivel.
- La incorporación recientemente de la Elastografía en el tratamiento de estos tumores, aplicada durante la intervención de Braquiterapia, nos permite la sobre dosificación de las zonas tumorales, de cara a mejorar el control local de la enfermedad, así como la identificación de zonas sanas (hace neuromuscular) que nos permitirá mejorar su preservación.

Nuestros resultados a largo plazo, han sido publicados y comunicados en los foros científicos nacionales e internacionales, siendo equiparables a las mejores series universales. De forma resumida quedan expuestos a continuación:

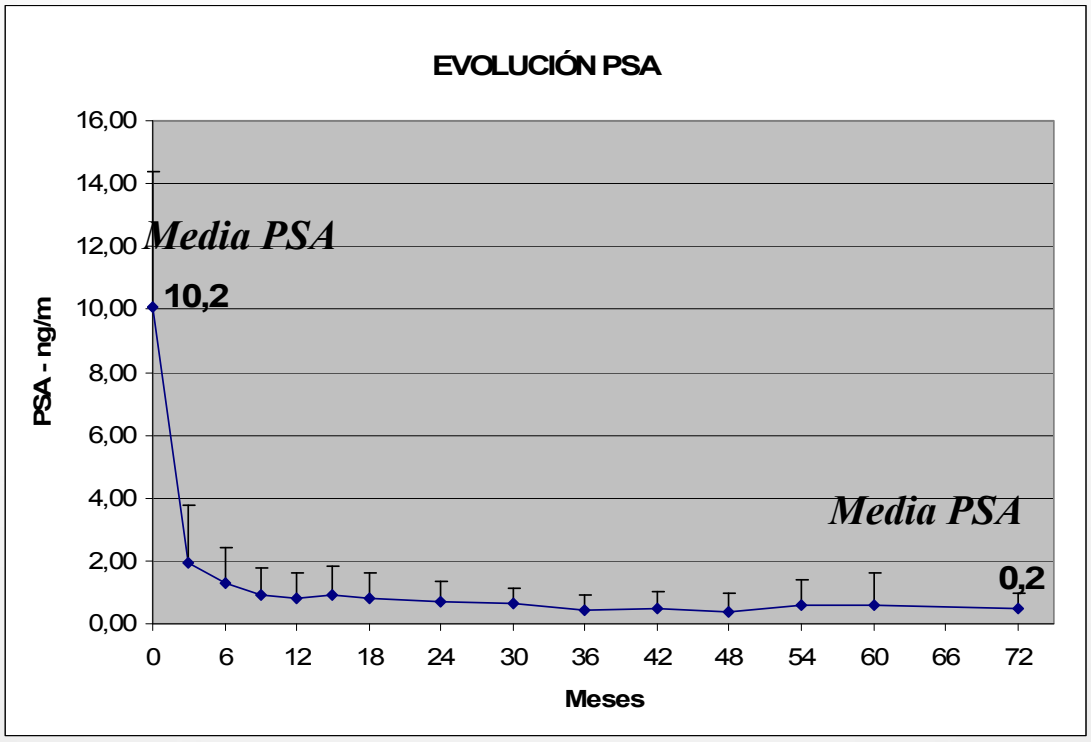
RESULTADOS A LARGO PLAZO > 10 AÑOS

BRAQUITERAPIA DE BAJA TASA DE DOSIS

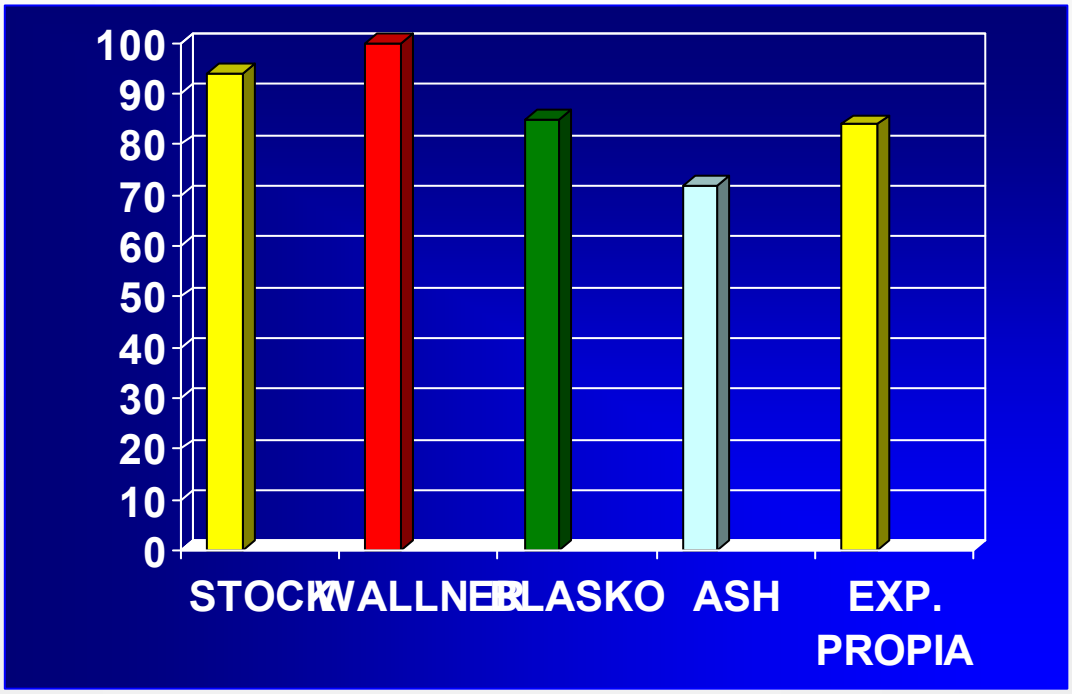
GRUPOS	BLASKO	STONE -STOKE	WALLNER	BEYER	BATTERMANN
BAJO RIESGO	94%	94-88%	85%	85%	92-90%
RIESGO INTER.	84%	81%	75%	75%	86%
ALTO RIESGO	54%	66%	65%	65%	52%

ANÁLISIS	RESULTADOS PROPIOS A / . AÑOS
CONTRLO BIOQUÍMICO	93% ± 2%
CONTROL LOCAL	97% ± 1%
SUPERV. LIBRE ENF.	98% ± 1%

CASUÍSTICA PROPIA



PRESERVACIÓN FUNCIÓN ERECTIL



INCONTINENCIA

TABLA 6

STOCK *(MOUNT SINAI)*	***WALLNER*** *(M. S. K.)*	***BLASKO*** *(SEATTLE)*	***BEYER*** *(ARIZONA)*	***ASH*** *(LEEDS. UK)*
0%	0%	0%	0.6%	0%

EXPERIENCIA PROPIA
0%

RETENCIONES

TABLA 7

STOCK ***(MOUNT SINAI)***	***WALLNER*** ***(M. S. K.)***	***BLASKO*** ***(SEATTLE)***	***BEYER*** ***(ARIZONA)***	***ASH*** ***(LEEDS. UK)***
4%	14%	7%	4%	8%

EXPERIENCIA PROPIA
3%

PROCTITIS

TABLA 8

STOCK ***(MOUNT SINAI)***	***WALLNER*** ***(M. S. K.)***	***BLASKO*** ***(SEATTLE)***	***BEYER*** ***(ARIZONA)***	***ASH*** ***(LEEDS. UK)***
1.7%	2%	2%	1%	2%

EXPERIENCIA PROPIA
2%

CONCLUSIONES

Podemos afirmar que los tumores localizados prostáticos considerados de bajo riesgo (PSA ≤ 10 ng/ml y Gleason < 7 y Estadio ≤ T2a) y en casos seleccionados de riesgo intermedio (PSA 10.1-20 ng/ml o Gleason = 7 o Estadio T2b-c), la braquiterapia de baja tasa de dosis (^{125}I) es un tratamiento curativo con excelentes resultados a largo plazo (94% de control bioquímico) iguales a los conseguidos con prostatectomia radical, pero con menor índice de complicaciones, teniendo la ventaja de ser un tratamiento ambulatorio que permite la incorporación a la vida habitual inmediata (alta 6-8 h).

La braquiterapia es por lo tanto una opción terapéutica en este tipo de tumores que debe de ser valorada y ofertada a los pacientes, dentro de grupos multidisciplinarios de tratamiento.

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