



## BÖLÜM 58

### Pankreas Adenokarsinomunda Neoadjuvan Tedavinin Yeri

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#### ÖZET

Pankreas adenokarsinomunda (PDAK) neoadjuvan tedavinin (NAT) rolü tartışılmalıdır. Diğer gastrointestinal kanserlerde NAT tedavi sürecinin ayrılmaz bir parçası olmuştur. PDAK NAT'ın rutin tedavinin bir parçası olamamasının nedenleri eskiden kullanılan kemoterapi ajanlarının etkisizliği, radyolojik yöntemlerin tedavi yanıtını değerlendirmedeki yetersizlikleri, NAT sonrası patolojik tam yanıt (pTY) elde edilen hastaların az olması olarak sıralanabilir. Son dönemde gelişen kemoterapi rejimleri, NAT sonrası değerlendirmede radyomiklerin kullanımı, NAT sonrası hasta sağkalım artışı, NAT kullanımının NCCN kılavuzlarında yer almamasına ve kullanımının yaygınlaşmasına yol açmaktadır.

#### Giriş

Pankreas adenokarsinomunda (PDAK) neoadjuvan tedavinin (NAT) rolü tartışılmalıdır. Diğer gastrointestinal kanserlerde NAT tedavi sürecinin ayrılmaz bir parçası olmuştur. Rezektabl mide kanserinde NAT'nin sağkalım avantajı faz 3 randomize kontrollü çalışmalarda ortaya konmuştur. [1-3] Özefagus kanserinde neoadjuvan kemoradyoterapi (NKRT), rezektabl hastalık için standart tedavi yöntemidir. Bu yöntem artmış genel sağ kalım (GS), hastalıksız sağ kalım (HS), patolojik tam yanıt (pTY) ve R0 rezeksyon oranı ile ilişkilidir.

[4-6] Rezektabl rektum kanserinde NAT standart tedavinin bir parçası olmuştur. Hastaların büyük bir kısmında ameliyat öncesi evrenin azalmasına yol açmaktadır. Yapılan çalışmalarda hastaların %10-38'in arasında bildirilen oranlarda pTYa ulaşlığı gösterilmiştir.[7-11] Aynı zamanda neoadjuvan tedavi sonrası klinik olarak tam yanıt gösteren bir hasta grubu da mevcuttur[12, 13]. Bu cesaret verici veriler, rektum kanseri için organ koruyucu tedavilere bile izin veren yeni terapötik yaklaşımların geliştirilmesine yol açmış olsa da bu PDAK'a taşınmamıştır. Pankreas kanserinde çeşitli engeller NAT uygulamasını sınırlamıştır. Bu

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yan kombinasyon tedavileri, gelecekte PDAK için NAT'ta immünoterapiye bir rol verebilir.

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