

Bölüm 21

METASTATİK DRİVER MUTASYONU OLMAYAN HASTALIKTA SİSTEMİK KEMOTERAPİ

Şafak YILDIRIM DIŞLI¹

GİRİŞ

Akciğer kanseri dünya üzerinde kansere bağlı ölümlerin önde gelen nedenlerindedir. DSÖ akciğer kanserini biyolojisi, tedavisi ve prognozuna dayanarak küçük hücreli akciğer kanseri (KHAK) ve küçük hücreli dışı akciğer kanseri (KHDAK) olarak iki ana sınıfa bölmektedir [1, 2]. KHDAK tüm akciğer kanserlerinin %80 den fazlasını oluşturmaktadır ve iki major tipi bulunmaktadır. Bunlar skuamöz hücreli karsinom ve non skuamöz hücreli karsinomdur. Non skuamöz hücreli karsinomunda adenokarsinom, büyük hücreli karsinom ve diğer başka alt tipleri bulunmaktadır [3].

Akciğer kanserli hastaların tedavisi, tümörün evresine, histolojisine, moleküler özelliklerine ve hastanın genel durumuna göre belirlenir. Evre I, II, III KHDAK olan hastalar genellikle cerrahi, kemoterapi, radyasyon terapisi (RT) ile veya bunların kombine kullanımı ile küratif tedavi edilebilirken, evre IV hastalığı olanlar için genellikle palyatif yaklaşım tercih edilir. Definitif tedaviyi takiben hastalığı ilerleyen veya hastalığı tekrarlayanlarda da palyatif yaklaşım tercih edilebilir [4].

KHDAK' de ALK, EGFR, ve ROS1 gibi mutasyonların tanımlanması bu hastalarda hedefe yönelik tedavilerin gelişmesini sağlamıştır. Bu yüzden KHDAK tanısı alanlarda bu mutasyonlara bakılması ilk adım olmalıdır. Bu mutasyonlar şimdiye kadar akciğer adenokarsinomlarında tedavi hedefi olarak kabul edilmiş, skuamöz hücreli karsinomlarda yeterince test edilmemiştir [5]. Ama sigara içmeyen ve adenokarsinom komponentide bulunan mikst histolojideki akciğer skuamöz hücreli karsinomlarında da moleküler testler yapılmalıdır [6].

Driver mutasyonu olmayan KHDAK hastalarında başlangıçtaki sistemik tedavi, tümörün PDL-1 düzeyi ve histolojisine göre immünoterapi, sitototoksik

¹ Dr., Karadeniz Teknik Üniversitesi Farabi Hastanesi Medikal Onkoloji Sevisi, safak_yldrm_61@hotmail.com

yaşam kalitesini arttırmaktır. Yapılan pek çok çalışmada sistemik kemoterapi ile bunun sağlanabildiğini göstermiştir.

Platin bazlı birinci basamak ikili kemoterapiler sonrası progresyon gelişen hastalarda, ikinci basamak tedavilere geçilir. İkinci basamak tedavide docetaksel, pemetrexed, erlotinib ve immünoterapi gibi tedavi seçenekleri bulunmaktadır. Üçüncü basamak tedavi ile ilgili ise yeterli veri bulunmadığından bu basamak tedavi sırasına gelmiş hastalarda tedaviye devam kararı için uygun hastaları belirlemek önemlidir. Üçüncü basamak tedavi almasına karar verilen hastalarda erlotinib bir tedavi seçeneği olabilir.

Anahtar kelimeler

Küçük Hücre Dışı Akciğer Kanseri, Driver Mutasyon, Sistemik Kemoterapi

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