Bölüm
27

KÜÇÜK HÜCRE DIŞI AKCİĞER KANSERİNDE OLİGOMETASTATİK HASTAYA YAKLAŞIM

Necla DEMİR[1]

GİRİŞ

Akciğer kanserlerinin %85'ini küçük hücre dışı akciğer kanseri (KHDAK) oluşturmaktadır ve tanı anında hastaların %55'i metastatik evrede tanı almaktadır. Uzak metastazı bulunan kanser hastalarının tam şifa olmayacakları kabul edilir ve genellikle lokal-bölgesel tedaviler endike değildir. Bu grup hastalarda amaç palyatif tedavilerle yaşam kalitesini ve süresini uzatmaktır. Evre IV KHDAK'nde prognoz hala kötüdür. Beş-yıllık genel sağkalım (GS) lokalize hastalık için %57.4, bölgesel hastalık için %30.8 , metastatik hastalıkta %5.2'dir(1). Bununla birlikte onkolojide moleküler belirteçlerin tanımlanması, bunlara yönelik hedefe yönelik sistemik tedavilerin ya da immün kontrol noktası inhibitörlerin kullanılmasıyla metastatik KHDAK'nin yönetimi değişmiş, bazı alt gruplarda uzun süreli sağkalımlar söz konusu olmuştur. Metastatik KHDAK'nin kötü prognozuna rağmen, sınırlı metastazı olan bazı hastaların yapılan lokal tedavilerden fayda gördüğü ve bu tedavilerin sağkalım katkısı olduğu bilinmektedir.

TANIM

Oligometastatik hastalık kavramı ilk olarak 1995 yılında ileri sürülmüş ve bazı oligometastatik hastalarda lokal tedavilerle kür sağlanabileceği ileri sürülmüştür (2). Ayrıca, hedefe yönelik tedaviler ve son yıllarda immünoterapilerle uzun süreli hastalık kontrolü sağlanabilmiş ve GS oranları artmıştır. Bu tedavilerin altında gözlenen sınırlı bölgesel ilerlemelerin olabilmesi nedeniyle lokal ablatif tedavilere de ilgi giderek artmaktadır (3,4). Bu yaklaşıma göre, bilinen metastazlara yönelik uygulanan lokal tedaviler, hastaları muhtemelen uzun bir süre hastalıksız hale getirebilir. Bu durum iyi seçilmiş oligometastatik KHDAK'li hastalarının %25'inde uzun süreli sağkalımlar elde edildiğini gösteren verilerle desteklenmiştir.

KAYNAKLAR

1. SEER Stat Fact Sheets: Lung and Bronchus Cancer. Surveillance, Epidemiology, and End Results Program. 27.07.2019 tarihinde http://seer.cancer.gov/statfacts/html/lungb.html adresinden ulaşılmıştır.
2. Hellman S, Weichselbaum RR. Oligometastases. J Clin Oncol 1995; 13:8.
3. Mehta N, Mauer AM, Hellman S, et al. Analysis of further disease progression in metastatic non-small cell lung cancer:implications for locoregionel treatment. Int J Oncol 2004;25:1677-83.
4. Rusthoven KE Hammerman SF, Kavanagh BD, et al. Is there a role for consolidative sterotactic body radiation therapy following first-line systemic therapy for metastatic lung cancer? A patterns-of-failure analysis. Acta Oncol 2009;48:578-83.
5. Reyes DK, Pienta KJ. The biology and treatment of oligometastatic cancer. Oncotarget 2015;11:8491-524.
6. Goldstraw P, Chansky K, Crowley J, et al. The IASLC Lung Cancer Staging Project: Proposals for Revision of the TNM Stage Groupings in the Forthcoming (Eighth) Edition of the TNM Classification for Lung Cancer. J Thorac Oncol 2016; 11:39.
7. Niibe Y, Hayakawa K . Oligometastases and oligo-recurrence: the new era of cancer therapy.Jpn J Clin Oncol. 2010 Feb;40(2):107-11.
8. Yano T, Okamoto T, Haro A, et al. Local treatment of oligometastatic recurrence in patients with resected non-small cell lung cancer.Lung Cancer. 2013 Dec;82(3):431-5.
9. Torok JA, Gu L, Tandberg DJ, et al. Patterns of Distant Metastases After Surgical Management of Non-Small-cell Lung CancerClin Lung Cancer. 2017;18(1):e57.
10. Parikh RB, Cronin AM, Kozono DE, et al. Definitive primary therapy in patients presenting with oligometastatic non-small cell lung cancer.Int J Radiat Oncol Biol Phys. 2014 Jul;89(4):880-7.
11. Albain KS, Crowley JJ, LeBlanc M, et al. Survival determinants in extensive-stage non-small-cell lung cancer: the Southwest Oncology Group experience.J Clin Oncol. 1991;9(9):1618.
12. Filippi AR, Guerrera F, Badellino S, et al. Exploratory Analysis on Overall Survival after Either Surgery or Stereotactic Radiotherapy for Lung Oligometastases from Colorectal Cancer.Clin Oncol (R Coll Radiol). 2016;28(8):505.
13. Gomez DR, Tang C, Zhang J, et al. Local Consolidative Therapy Vs. Maintenance Therapy or Observation for Patients With Oligometastatic Non-Small-Cell Lung Cancer: Long-Term Results of a Multi-Institutional, Phase II, Randomized Study.J Clin Oncol. 2019;37(18):1558.
14. Xu Q, Zhou F, Liu H, et al. Consolidative Local Ablative Therapy Improves the Survival of Patients With Synchronous Oligometastatic NSCLC Harboring EGFR Activating Mutation Treated With First-Line EGFR-TKIs. J Thorac Oncol. 2018;13(9):1383.
15. De Ruysscher D, Wanders R, van Baardwijk A, et al. Radical treatment of non-small-cell lung cancer patients with synchronous oligometastases: long-term results of a prospective phase II trial (Nct01282450).J Thorac Oncol. 2012 Oct;7(10):1547-55.
16. Griffioen GH, Toguri D, Dahele M, et al. Radical treatment of synchronous oligometastatic non-small cell lung carcinoma (NSCLC): patient outcomes and prognostic factors. Lung Cancer. 2013 Oct;82(1):95-102. Epub 2013 Aug 6.
17. Kwint M, Walraven I, Burgers S, et al. Outcome of radical local treatment of non-small cell lung cancer patients with synchronous oligometastases. Lung Cancer. 2017;112:134.
18. Ashworth A, Senan S, Palma D, et al. An individual patient data metaanalysis of outcomes and prognostic factors after treatment of oligometastatic non-small cell lung cancer. Clin Lung Cancer 2014;15:346-55.
19. Simon CJ, Dupuy DE, DiPetrillo TA, et al. Pulmonary radiofrequency ablation: long-term safety and efficacy in 153 patients.Radiology. 2007;243(1):268.
20. Ambrogi MC, Fanucchi O, Cioni R, et al. Long-term results of radiofrequency ablation treatment of stage I non-small cell lung cancer: a prospective intention-to-treat study.J Thorac Oncol. 2011 Dec;6(12):2044-51.
21. Chua TC, Sarkar A, Saxena A, et al. Long-term outcome of image-guided percutaneous radiofrequency ablation of lung metastases: an open-labeled prospective trial of 148 patient.Ann Oncol. 2010;21(10):2017.

22. de Baère T, Aupérin A, Deschamps F, et al. Radiofrequency ablation is a valid treatment option for lung metastases: experience in 566 patients with 1037 metastases. Ann Oncol. 2015 May;26(5):987-91.
23. Lencioni R, Crocetti L, Cioni R, et al. Response to radiofrequency ablation of pulmonary tumours: a prospective, intention-to-treat, multicentre clinical trial (the RAPTURE study. Lancet Oncol. 2008;9(7):621.
24. Dupuy DE, Fernando HC, Hillman S, et al. Radiofrequency ablation of stage IA non-small cell lung cancer in medically inoperable patients: Results from the American College of Surgeons Oncology Group Z4033 (Alliance) trial. Cancer. 2015 Oct;121(19):3491-8.
25. Bi N, Shedden K, Zheng X, et al. Comparison of the Effectiveness of Radiofrequency Ablation With Stereotactic Body Radiation Therapy in Inoperable Stage I Non-Small Cell Lung Cancer: A Systemic Review and Meta-analysis. Pract Radiat Oncol. 2013 Apr-Jun;3(2 Suppl 1):S19.
26. Yashiro H, Nakatsuka S, Inoue M, et al. Factors affecting local progression after percutaneous cryoablation of lung tumors.J Vasc Interv Radiol. 2013 Jun;24(6):813-21.
27. Moore W, Talati R, Bhattacharji P, et al. Five-year survival after cryoablation of stage I non-small cell lung cancer in medically inoperable patients.J Vasc Interv Radiol. 2015 Mar;26(3):312-9.)
28. Lucchi M, Dini P, Ambrogi MC, et al. Metachronous adrenal masses in resected non-small cell lung cancer patients: therapeutic implications of laparoscopic adrenalectomy.Eur J Cardiothorac Surg. 2005 May;27(5):753-6.
29. Mercier O, Fadel E, de Perrot M, et al. Surgical treatment of solitary adrenal metastasis from non-small cell lung cancer.J Thorac Cardiovasc Surg. 2005 Jul;130(1):136-40.
30. Porte H, Siat J, Guibert B, et al. Resection of adrenal metastases from non-small cell lung cancer: a multicenter study.Ann Thorac Surg. 2001 Mar;71(3):981-5.
31. Raz DJ, Lanuti M, Gaissert HC, et al. Outcomes of patients with isolated adrenal metastasis from non-small cell lung carcinoma.Ann Thorac Surg. 2011 Nov;92(5):1788-92; discussion 1793.
32. Luketich JD, Burt ME. Does resection of adrenal metastases from non-small cell lung cancer improve survival?Ann Thorac Surg. 1996;62(6):1614.
33. Tanvetyanon T, Robinson LA, Schell MJ, et al. Outcomes of adrenalectomy for isolated synchronous versus metachronous adrenal metastases in non-small-cell lung cancer: a systematic review and pooled analysis.J Clin Oncol. 2008;26(7):1142.
34. Mercier O, Fadel E, de Perrot M, et al. Surgical treatment of solitary adrenal metastasis from non-small cell lung cancer.J Thorac Cardiovasc Surg. 2005 Jul;130(1):136-40.
35. Pfannschmidt J, Schlolaut B, Muley T, et al. Adrenalectomy for solitary adrenal metastases from non-small cell lung cancer. Lung Cancer. 2005 Aug;49(2):203-7.
36. Sastry P, Tocock A, Coonar AS. Adrenalectomy for isolated metastasis from operable non-small-cell lung cancer .Interact Cardiovasc Thorac Surg. 2014 Apr;18(4):495-7.
37. Okubo K, Bando T, Miyahara R, et al. Resection of pulmonary metastasis of non-small cell lung cancer.J Thorac Oncol. 2009 Feb;4(2):203-7.
38. Ileana E, Greillier L, Moutardier V, et al. Surgical resection of liver non-small cell lung cancer metastasis: a dual weapon? Lung Cancer. 2010 Nov;70(2):221-2.
39. Nagashima A, Abe Y, Yamada S, et al. Long-term survival after surgical resection of liver metastasis from lung cancer . Jpn J Thorac Cardiovasc Surg. 2004 Jun;52(6):311-3.
40. Ercolani G, Ravaioli M, Grazi GL, Cescon M, Varotti G, Del Gaudio M, Vetrone G, Zanello M, Principe A, Pinna AD. The role of liver resections for metastases from lung carcinoma.HPB (Oxford). 2006;8(2):114.
41. Salah S, Tanvetyanon T, Abbasi S. Metastatectomy for extra-cranial extra-adrenal non-small cell lung cancer solitary metastases: systematic review and analysis of reported cases.Lung Cancer. 2012 Jan;75(1):9-14.
42. Lim SH, Lee JY, Lee Y, et al. A randomized phase III trial of stereotactic radiosurgery (SRS) versus observation for patients with asymptomatic cerebral oligo-metastases in non-small-cell lung cancer. Ann Oncol. 2015 Apr;26(4):762-8.