

Bölüm 30

KÜÇÜK HÜCRELİ AKCİĞER KANSERİ LOKALİZE HASTALIKTA SİSTEMİK KEMOTERAPİ SEÇENEKLERİ

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GİRİŞ

Küçük hücreli akciğer kanseri (KHAK) tüm akciğer kanserlerinin yaklaşık %15'ini oluşturmaktadır ve vakaların neredeyse tamamı sigara içicisidir (1,2). KHAK'nin en önemli özellikleri hızlı ikilenme zamanına sahip olması, erken metastaz yapması, kemoterapi ve radyoterapiye duyarlı olmasıdır (3). Tanı anında hastaların üçte ikisi yaygın yani metastatik hastalık evresindedir (4). En sık metastaz yerleri karaciğer, adrenaller, kemik ve beyindir. Metastatik evredeki çoğu hasta halsizlik, kilo kaybı, kemik ağrısı ve nörolojik semptomla başvurur. Hastaların üçte birinde ise toraksa sınırlı hastalık mevcuttur. Toraksa sınırlı vakalarda hastalar, öksürük ve nefes darlığı şikayetiyle başvururlar; görüntüleme büyük hiler kitle ve bulky mediastinal lenf nodu saptanır (5). KHAK'de paraneoplastik sendromlara da sık rastlanır. Uyumsuz antiidiüretik hormon (ADH) sekresyonu, ektopik adrenokortikotropik hormon salınımı (ACTH), Lambert-Eaten Myastenik Sendromu en sık paraneoplastik sendromlardır (6).

KHAK'de ilk evreleme sistemi olarak VALSG (Veterans Administration Lung Study Group) klasifikasyonu sınırlı ve yaygın hastalık olarak kullanılmıştır. Sınırlı evre hastalık, ipsilateral hemitoraks ve bölgesel lenf nodlarını içine alan sınırlı tümör ve tolere edilebilir tek bir radyoterapi portuna dahil edilebilen alan olarak tarif edilmiştir. Uzak metastazlar, malign perikardiyal veya plevral efüzyonlar ve kontralateral supraklaviküler ve kontralateral hiler tutulum da dahil olmak üzere sınırlı hastalığın gerçekleştiği alanın dışındaki tümörler ise yaygın hastalık olarak adlandırılmıştır (7).

IASLC (International Association for the Study of Lung Cancer) 1989 yılında kontralateral mediastinel, supraklaviküler lenf nodu metastazı ve ipsilateral plev-

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Anahtar Kelimeler: Küçük Hücreli Akciğer Kanseri, Sınırlı Evre Hastalık, Kemoterapi

KAYNAKLAR

1. Torre, L.A., Siegel, R.L., Jemal, A. Lung cancer statistics. In Lung cancer and personalized medicine. 2016;1-19. Springer, Cham
2. Ettinger, David S., Joseph Aisner. Changing face of small-cell lung cancer: real and artifact. J.Clin Oncol. 2006; 4526-4527.
3. Byers LA, Rudin CM: Small cell lung cancer: Where do we go from here? Cancer 2015; 664-672
4. Farago, A. F., Keane, F. K. Current standards for clinical management of small cell lung cancer. Transl Lung Cancer Res. 2018; 69.
5. Jett, J. R., Schild, S. E., Kesler, et al. Treatment of small cell lung cancer: Diagnosis and management of lung cancer: American College of Chest Physicians evidence-based clinical practice guidelines. Chest.2013;400-419.
6. Gandhi, L., Johnson, B. E. Paraneoplastic syndromes associated with small cell lung cancer. Journal of the National Comprehensive Cancer Network. 2006; 631-638.
7. Zelen M. Keynote address on biostatistics and data retrieval. Cancer Chemother Rep (Part 3) 1973;3142.
8. Stahel RA, Ginsberg R, Havemann K, et al. Staging and prognostic factors in small cell lung cancer: a consensus report. Lung.1989;119-126
9. Zelen M. Keynote address on biostatistics and data retrieval. Cancer chemotherapy reports. 1973;31.
10. Murray N, Coy P, Pater JL, et al. Importance of timing for thoracic irradiation in the combined modality treatment of limited-stage small-cell lung cancer. The National Cancer Institute of Canada Clinical Trials Group. J Clin Oncol 1993;336-44.
11. Turrisi AT, Kim K, Blum R, et al. Twice-daily compared with once-daily thoracic radiotherapy in limited small-cell lung cancer treated concurrently with cisplatin and etoposide. N Engl J Med 1999;265-71.
12. Green RA, Humphrey E, Close H, et al. Alkylating agents in bronchogenic carcinoma. Am J Med 1969;516-25.
13. Lowenbraun S, Bartolucci A, Smalley RV, et al. The superiority of combination chemotherapy over single agent chemotherapy in small cell lung carcinoma. Cancer 1979; :406-413.
14. Jeff JR, Everson L, Thernean TM, et al. Treatment of limited stage small cell lung cancer with cyclophosphamide, doxorubicin and vincristine with or without etoposide. J Clin Oncol 1990;33-39
15. Fukuoka, M., Furuse, K., et al. Randomized trial of cyclophosphamide, doxorubicin, and vincristine versus cisplatin and etoposide versus alternation of these regimens in small-cell lung cancer J Natl Cancer Inst.1991;855-861
16. Sundström, S., Bremnes, R. M., Kaasa et al. Cisplatin and etoposide regimen is superior to cyclophosphamide, epirubicin, and vincristine regimen in small-cell lung cancer: results from a randomized phase III trial with 5 years' follow-up. J.Clin Oncol.2002 ; 4665-4672.
17. Rossi, A., Di Maio, M., Chiodini et al. Carboplatin-or cisplatin-based chemotherapy in first-line treatment of small-cell lung cancer: the COCIS meta-analysis of individual patient data. J.Clin Oncol.2002 ;1692-1698.
18. Stinchcombe TE. Current Treatments for Surgically Resectable, Limited-Stage, and Extensive-Stage Small Cell Lung Cancer. The oncologist. 2017;1510-1517.
19. Yu JB, Decker RH, Dettterbeck FC, et al. Surveillance epidemiology and end results evaluation of the role of surgery for stage I small cell lung cancer. J Thorac Oncol. 2010;215-2019
20. Wakeam E, Acuna SA, Leighl NB, et al. Surgery versus chemotherapy and radiotherapy for early and locally advanced small cell lung cancer: a propensity-matched analysis of survival. Lung Cancer. 2017;78-88.

21. Yang, C. F. J., Chan, D. Y., Speicher, P. et al. Role of adjuvant therapy in a population-based cohort of patients with early-stage small-cell lung cancer. *J.Clin Oncol.* 2016;1057.
22. Fontanini G, Faviana P, Lucchi M, et al. A high vascular count and overexpression of vascular endothelial growth factor are associated with unfavorable prognosis in operated small cell lung carcinoma. *Br J Cancer.* 2002;558-563.
23. Spigel, D. R., Hainsworth, J. D., Yardley, et al. Tracheoesophageal fistula formation in patients with lung cancer treated with chemoradiation and bevacizumab. *J.Clin Oncol.* 2009; 43-48.
24. Lee, S. M., Woll, P. J., Rudd, R., et al. Anti-angiogenic therapy using thalidomide combined with chemotherapy in small cell lung cancer: a randomized, double-blind, placebo-controlled trial. *J Natl Cancer Inst.* 2009;1049-1057.
25. Arnold, A. M., Seymour, L., Smylie, M., et al. Phase II Study of Vandetanib or Placebo in Small-Cell Lung Cancer Patients After Complete or Partial Response to Induction Chemotherapy With or Without Radiation Therapy: National Cancer Institute of. *J.Clin Oncol.* 2007 4278-4284
26. Gadgeel SM. Targeted therapy and immune therapy for small cell lung cancer. *Curr Treat Option On.* 2018;53
27. Koyama K, Kagamu H, Miura S, et al. Reciprocal CD4+ T-cell balance of effector CD62Llow CD4+ and CD62LhighCD25+ CD4+ regulatory T cells in small cell lung cancer reflects disease stage. *Clin Cancer Res* 2008; 14:6770-9.
28. Study of Durvalumab + Tremelimumab, Durvalumab, and Placebo in Limited Stage Small-Cell Lung Cancer in Patients Who Have Not Progressed Following Concurrent Chemoradiation Therapy (ADRIATIC), (04 Haziran 2019 tarihinde <https://clinicaltrials.gov/ct2/show/NCT03703297> adresinden ulařılmıştır.)
29. Small Cell Lung Carcinoma Trial With Nivolumab and IpiliMUmab in Limited Disease (STIMULI) (04 Haziran 2019 tarihinde <https://clinicaltrials.gov/ct2/show/NCT02046733> adresinden ulařılmıştır.)