

Bölüm 32

YAYGIN EVRE KÜÇÜK HÜCRELİ AKCİĞER KANSERİNDE SİSTEMİK TEDAVİ

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GİRİŞ

Küçük hücreli akciğer kanseri (KHAK) kanser bağlı ölümlerde ön sıralarda yer alan onkolojik antiteler arasındaki yerini korumakta olan sigara ile yakın ilişkili bir akciğer kanseri alt tipidir. Tüm akciğer kanserlerinin %15'ini oluşturur. Vakaların %95'inde sigara kullanım öyküsü vardır. Histolojik olarak agresif bölünme potansiyeli olan nöroendokrin özellik gösteren karsinomdur. Son yıllarda sigara kullanımındaki azalma trendi ile birlikte, Amerika birleşik devletleri (ABD) istatistiklerinde insidans azalması izlense de kansere bağlı ölümlerde yedinci sırayı teşkil etmektedir. ^(1,2)

Vakaların %65'i tanıda yaygın evrededir. Lokalize evrede tanı alan hastaların da büyük kısmın da takipte nüks eder ve yaygın hastalık gelişir. Hastalık sitotoksik kemoterapiye oldukça duyarlı olmakla beraber yüksek mitotik döngüye sahip tabiatı sebebi hızlı nüks ve metastazlarla seyreder. ⁽³⁾

Bu bölümde yaygın evre KHAK'de sistemik tedavi yaklaşımı ve dekadlardır platin bazlı sitotoksik kemoterapi çerçevesine hapsolmuş tedavi algoritmasındaki yeni gelişmeler ve umut vaad eden çalışmaları değerlendirmeyi amaçladık.

SİTOTOKSİK KEMOTERAPİ

KHAK sitotoksik kemoterapiye, ilk uygulandığında genellikle iyi yanıt verir. Sitotoksik kemoterapi bu histolojide dekadlardır yegane tedavi olmuş ve halen tedavinin bel kemiğidir. Tarihi verilere baktığımızda siklofosamid hastalıkta objektif palyasyon ve sağ kalım artışı izlenen ilk ajan olmuş. İzleyen dönemde siklofosfa-

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