Bölüm
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MULTİPL MYELOMDA İDAME TEDAVİSİ

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GİRİŞ

Multipl myelom kemik iliğinde anormal plazma hücre artışı ve immunglobulin veya hafif zincir artışı üretimi nedeniyle hedef organ hasarı ile sonuçlanabilen malign bir hastalıktır. Tüm kanserlerin %1'ini, hematolojik kanserlerin %10'unu oluşturmaktadır.(1) Son yıllarda multipl myelom tedavisinde geliştirilen yeni ajanlar sayesinde hastaların sağ kalım süreleri uzamakla birlikte, halen inkürabl bir hastalık olmaya devam etmektedir.

Standart tedavi yaklaşımı indüksiyon tedavisini takiben otolog kök hücre naklidir.(2) Nakil adayı hastalarda ideal indüksiyon tedavisi bir proteozom inhibitörü, bir immünmodülatör ve steroid içeren üçlü kombinasyondan oluşmaktadır. Bununla birlikte otolog kök hücre nakli sonrası rezidüel myelom hücreleri nedeniyle rekürrens yaygındır.(3) İdame tedavisi, rezidüel malign hücrelerin proliferasyonunu kontrol ederek hastalık progresyonunu ve relapsı önlemek ve remisyon süresini uzatmak için kullanılır.(4)

TRANSPLANT UYGUN OLMAYAN HASTALARDA İDAME TEDAVİSİ

Multipl myelomda idame tedavisini risk sınıflaması ve komorbiditelere göre uygulamak gerekir. Yüksek riskli hastalar 17p 13del, t(4;14), t(14;16), t(14;20), 1q, LDH düzeyinin normalin 2 katından fazla olması ve primer plazma hücreli lösemidir. Lenalidomid ile tedavi edilenlerde ikinci primer kanserler açısından dikkatli olunmalıdır. Yüksek riskli multipl myelom hastaları 8-12 siklusluk üçlü kemoterapi rejimlerini takiben progresyona kadar proteozom temelli idame tedavisi alabilirler.

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lendirilmeli, idame tedavisinin muhtemel fayda ve zararları hasta ile ele alınıp tartışılmalıdır.

Yapılan son çalışmalar sonuç olarak göstermiştir ki, multipl myelomda otolog kök hücre nakli sonrası bortezomib ile 2 sene, lenalidomid veya talidomidle progresyona kadar idame tedavisi, progresyonsuz sağkalımı ve progresyona kadar geçen zamanı iyileştirmektedir.(24) Talidomid PFS ve OS'yi iyileştirmektedir fakat nörotoksisite sebebiyle uzun dönem kullanımı sınırlıdır. CALGB 100104 ve HOVON-65/GMMG-HD4 çalışmalarında alınan sonuçlar, hastaların indüksiyonda yanıt verdikleri ilaca idamede de yanıt verirlerse, idame tedavisinin yanıtı en üst düzeyde olmaktadır.(24,29) Yüksek risk sitogenetiğe sahip multipl myelom hastalarında hem IFM 05-02 hem de HOVON-65/GMMG-HD4 çalışmalarında lenalidomid ya da bortezomib ile idame tedavisinin progresyon riskini veya ölümü azalttığı gösterilmiştir.(4) İdamenin optimal süresi tam olarak belirlenememiş olmakla birlikte bortezomib ile 2 yıl, lenalidomid ile progresyona kadar idame kabul edilebilir seçeneklerdir.

Karfilzomib, pomalidomid, elotuzumab ve bendamustin gibi yeni ajanlarla tek başına veya kombine tedavilerle uzun dönem hastalık kontrolü açısından çalışmalar sürmektedir.

Anahtar Kelimeler: multipl myelom, idame, bortezomib, lenalidomide

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