

Bölüm 5

METASTATİK VE NÜKS HASTALIKTA MOLEKÜLER HEDEFLİ TEDAVİLER

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Lokalize renal hücreli karsinomun (RHK) cerrahi rezeksiyonu lokalize hastalık için küratif olabilir, fakat çoğu hastada nükseder. Ek olarak, çoğu RHK klinik olarak seyri boyunca sessiz kalmaktadır ve ilk tanı aldıklarında hastalar genellikle metastatik veya lokal ileri olmaktadır. Lokal ileri veya metastatik RHK'li hastalar için doğal hastalık sürveyansı, hastalığın klinik, patolojik, laboratuvar, radyografik özelliklerine ve ayrıca tedaviye verilen cevaba bağlı olarak birkaç ay ile yıllarca değişebilir.

RHK'nin moleküler patogenezinin anlaşılması, tedavi için hedefler belirlemiştir ve ileri RHK'li hastaların yönetiminde önemli rol oynayan çoklu ajanların gelişmesine yol açmıştır. Antianjiyogenik ve moleküler olarak hedeflenen ajanların ileri RHK'li hastalarda kullanımları, berrak hücreli RHK'nin tedavisine odaklanılarak alt başlıklar altında incelenmesi planlanmıştır. RHK'de immünoterapinin rolü ayrı olarak diğer bölümde bahsedilecektir.

MOLEKÜLER PATOGENEZ

Renal epitelyal tümörlerin yaklaşık %65 ila %75'i berrak hücreli karsinomlardır; diğer önemli alt tipler arasında papiller (kromofilik), kromofob, toplayıcı kanal, medüller karsinomlar ve onkositomalar bulunur. Bu alt tiplerin yaklaşık %8'i sarkomotoid differansiyon gösterir. Farklı RHK alt tipleri giderek artan oranda benzersiz genetik anormallikler ve ilişkili gen ekspresyon paternleri ile karakterize edilmektedir (1,2). RHK alt tipleri arasında berrak hücreli karsinomun patogenezi en iyi anlaşılmiş olanıdır.

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İkinci Basamağın Ötesindeki Tedaviler

- İlk moleküler hedefli ajanı ve immünoterapiyi takiben ilerlemiş olan hastalar, alternatif bir hedefe yönelik ajanla tedaviden faydalanabilir. Bunlar everolimus monoterapisi veya sorafenib yerine aksitinib, cabozantinib veya lenvatinib artı everolimus içerebilir. Hastalar mümkün olduğunda resmi klinik araştırmalara katılmaya teşvik edilmelidir.

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