

Bölüm 13

MESANE KANSERİNDE NEOADJUVAN VE ADJUVAN SİSTEMİK TEDAVİ

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GİRİŞ

Mesane kanserinde tanı anında %80-90 oranında invaziv hastalık vardır ve %20-25'i kas tabakasına invazyon yapmıştır [1]. Erken evrede tanı alan hastalarda radikal sistektomi sonrası 5 yıllık sağkalım oranı %80'lere ulaşmaktadır. Tümörün kas tabakasına ya da daha derin tabakalara invazyon yaptığı evrelerde ise sadece cerrahi ile tedavi edilmesi halinde 5 yıllık sağkalım oranı %44-%77, lenf nodu tutulumun olduğu evrelerde %31 olarak ciddi düşüş göstermektedir [2]. Mesane kanserinde halen altın standart tedavi cerrahi olmakla birlikte, sadece cerrahi ile kür oranı %50-65 arasında değişmektedir [1]. Tümörün kas tabakasına invazyon yaptığı evrelerden itibaren yalnızca cerrahi ile tedavi edilen hastalarda kür elde edilme şansının ve sağkalım oranlarının düşüklüğü gözönüne alındığında sistemik tedavi uygulamalarının büyük önem arz ettiği görülmektedir.

Mesane kanserlerinin %90-95'ini transizyonel hücreli histolojik alt tip oluşturur. Bu bölümde, transizyonel hücreli mesane kanserinin neoadjuvan ve adjuvan sistemik tedavisi literatür eşliğinde ele alınacaktır.

SİSTEMİK TEDAVİ

Öncelikle tüm hastalara tanı anında klinik evreleme yapılmalıdır. Klinik evreleme için elde edilen bilgiler; fizik muayene, ultrasound, BT (Bilgisayarlı Tomografi), MRI (Manyetik Rezonans Imaging) gibi görüntüleme yöntemleri, sistoskopik biyopsi ve TUR (Trans Ureteral Rezeksiyon) patolojilerinden elde edilen bilgilere dayanmaktadır. Tümör ürotelyal tabakaya sınırlı ise Ta, lamina propriayı invaze etmişse T1, muscularis propriayı invaze etmişse T2, perivasküler yağ dokularını

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Anahtar Kelimeler: adjuvan , kemoterapi, mesane, neoadjuvan

KAYNAKÇA

1. D. Raghavan, W. U. Shipley, M. B. Garnick, P. J. Russell, and J. P. Richie, "Biology and management of bladder cancer," *N. Engl. J. Med.*, vol. 322, no. 16, pp. 1129–38, Apr. 1990.
2. J. P. Stein *et al.*, "Radical Cystectomy in the Treatment of Invasive Bladder Cancer: Long-Term Results in 1,054 Patients," *J. Clin. Oncol.*, vol. 19, no. 3, pp. 666–675, Feb. 2001.
3. S. Madersbacher *et al.*, "Radical Cystectomy for Bladder Cancer Today—A Homogeneous Series Without Neoadjuvant Therapy," *J. Clin. Oncol.*, vol. 21, no. 4, pp. 690–696, Feb. 2003.
4. C. Vale, "Neoadjuvant chemotherapy in invasive bladder cancer: a systematic review and meta-analysis," *Lancet*, vol. 361, no. 9373, pp. 1927–1934, Jun. 2003.
5. H. B. Grossman *et al.*, "Neoadjuvant Chemotherapy plus Cystectomy Compared with Cystectomy Alone for Locally Advanced Bladder Cancer," *N. Engl. J. Med.*, vol. 349, no. 9, pp. 859–866, Aug. 2003.
6. P. U. Malmström, E. Rintala, R. Wahlqvist, P. Hellström, S. Hellsten, and E. Hannisdal, "Five-year followup of a prospective trial of radical cystectomy and neoadjuvant chemotherapy: Nordic Cystectomy Trial I. The Nordic Cooperative Bladder Cancer Study Group," *J. Urol.*, vol. 155, no. 6, pp. 1903–6, Jun. 1996.
7. A. Sherif *et al.*, "Neoadjuvant Cisplatin-Methotrexate Chemotherapy for Invasive Bladder Cancer - Nordic Cystectomy Trial 2," *Scand. J. Urol. Nephrol.*, vol. 36, no. 6, pp. 419–425, Jan. 2002.
8. R. Rosenblatt *et al.*, "Pathologic Downstaging Is a Surrogate Marker for Efficacy and Increased Survival Following Neoadjuvant Chemotherapy and Radical Cystectomy for Muscle-Invasive Urothelial Bladder Cancer," *Eur. Urol.*, vol. 61, no. 6, pp. 1229–1238, Jun. 2012.
9. Advanced Bladder Cancer (ABC) Meta-analysis Collaboration, "Neoadjuvant chemotherapy in invasive bladder cancer: update of a systematic review and meta-analysis of individual patient data advanced bladder cancer (ABC) meta-analysis collaboration," *Eur. Urol.*, vol. 48, no. 2, pp. 202–5; discussion 205–6, Aug. 2005.
10. T. K. Choueiri *et al.*, "Neoadjuvant dose-dense methotrexate, vinblastine, doxorubicin, and cisplatin with pegfilgrastim support in muscle-invasive urothelial cancer: pathologic, radiologic, and biomarker correlates," *J. Clin. Oncol.*, vol. 32, no. 18, pp. 1889–94, Jun. 2014.
11. E. R. Plimack *et al.*, "Accelerated methotrexate, vinblastine, doxorubicin, and cisplatin is safe, effective, and efficient neoadjuvant treatment for muscle-invasive bladder cancer: results of a multicenter phase II study with molecular correlates of response and toxicity," *J. Clin. Oncol.*, vol. 32, no. 18, pp. 1895–901, Jun. 2014.
12. H. Zargar *et al.*, "Multicenter Assessment of Neoadjuvant Chemotherapy for Muscle-invasive Bladder Cancer," *Eur. Urol.*, vol. 67, no. 2, pp. 241–249, Feb. 2015.
13. International Collaboration of Trialists *et al.*, "International phase III trial assessing neoadjuvant cisplatin, methotrexate, and vinblastine chemotherapy for muscle-invasive bladder cancer: long-term results of the BA06 30894 trial," *J. Clin. Oncol.*, vol. 29, no. 16, pp. 2171–7, Jun. 2011.
14. D. L. Trump *et al.*, "Randomized phase II evaluation of carboplatin and CHIP in advanced transitional cell carcinoma of the urothelium. The Eastern Cooperative Oncology Group," *J. Urol.*, vol. 144, no. 5, pp. 1119–22, Nov. 1990.
15. N. K. Raabe, S. D. Fossa, and G. Parø, "Phase II study of carboplatin in locally advanced and metastatic transitional cell carcinoma of the urinary bladder," *Br. J. Urol.*, vol. 64, no. 6, pp. 604–7, Dec. 1989.
16. M. Hussain, U. Vaishampayan, W. Du, B. Redman, and D. C. Smith, "Combination paclitaxel, carboplatin, and gemcitabine is an active treatment for advanced urothelial cancer," *J. Clin. Oncol.*, vol. 19, no. 9, pp. 2527–33, May 2001.
17. L. S. Mertens *et al.*, "Carboplatin based induction chemotherapy for nonorgan confined bladder cancer--a reasonable alternative for cisplatin unfit patients?," *J. Urol.*, vol. 188, no. 4, pp. 1108–13, Oct. 2012.

18. J. J. Leow *et al.*, “Adjuvant chemotherapy for invasive bladder cancer: a 2013 updated systematic review and meta-analysis of randomized trials,” *Eur. Urol.*, vol. 66, no. 1, pp. 42–54, Jul. 2014.
19. C. N. Sternberg *et al.*, “Immediate versus deferred chemotherapy after radical cystectomy in patients with pT3–pT4 or N+ M0 urothelial carcinoma of the bladder (EORTC 30994): an intergroup, open-label, randomised phase 3 trial,” *Lancet Oncol.*, vol. 16, no. 1, pp. 76–86, Jan. 2015.
20. U. E. Studer *et al.*, “Adjuvant cisplatin chemotherapy following cystectomy for bladder cancer: results of a prospective randomized trial,” *J. Urol.*, vol. 152, no. 1, pp. 81–4, Jul. 1994.
21. H. Murasawa *et al.*, “The utility of neoadjuvant gemcitabine plus carboplatin followed by immediate radical cystectomy in patients with muscle-invasive bladder cancer who are ineligible for cisplatin-based chemotherapy,” *Int. J. Clin. Oncol.*, vol. 22, no. 1, pp. 159–165, Feb. 2017.
22. et al. Powles T, Rodriguez-Vida A, Duran I, “A phase II study investigating the safety and efficacy of neoadjuvant atezolizumab in muscle invasive bladder cancer (ABACUS) (abstract 4506). American Cancer Society of Clinical Oncology annual meeting 2018.”
23. A. Necchi *et al.*, “Pembrolizumab as Neoadjuvant Therapy Before Radical Cystectomy in Patients With Muscle-Invasive Urothelial Bladder Carcinoma (PURE-01): An Open-Label, Single-Arm, Phase II Study,” *J. Clin. Oncol.*, p. JCO1801148, Oct. 2018.
24. J. Schiffmann *et al.*, “Contemporary 90-day mortality rates after radical cystectomy in the elderly,” *Eur. J. Surg. Oncol.*, vol. 40, no. 12, pp. 1738–45, Dec. 2014.
25. H. von der Maase *et al.*, “Long-term survival results of a randomized trial comparing gemcitabine plus cisplatin, with methotrexate, vinblastine, doxorubicin, plus cisplatin in patients with bladder cancer,” *J. Clin. Oncol.*, vol. 23, no. 21, pp. 4602–8, Jul. 2005.