Bölüm
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NÜKS VEYA METASTATİK OVER KANSERİNDE HEDEFE YÖNELİK TEDAVİLER

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GİRİŞ

Tüm primer over kanserlerin yaklaşık% 90'ı epitelyal karsinomlardır [1]. Epitelyal over kanseri (EOK) birçok kemoterapötik ajana duyarlıdır ve mevcut standart tedavi

- Sitoredüktif cerrahi,
- Ardından sisplatin veya karboplatin gibi **platin** bileşikleri ve paklitaksel gibi bir **taksan** ajan ile kemoterapi uygulanmasıdır[2].

Bununla birlikte ileri EOC'li hastaların yüksek bir yüzdesi sonunda 3 yıl içinde tekrarlayan hastalık geliştirir ve evre III veya IV hastalığı ile başvuran hastaların sadece% 10-30'unda ilk tanıdan 5 yıl sonra hayatta kalır [2-3]. Bu düşük sağkalım oranı kemoterapi direncinin gelişmesinden kaynaklanmaktadır. Platin dirençli hastalarda tedavi seçenekleri , topotekan, gemsitabin ve pegile lipozomal doksorubisin gibi platin ve taksan olmayan kemoterapötiklerle sınırlıdır [4]. Bu nedenle, platin dirençli hastalık için alternatif tedavi seçenekleri sürekli araştırılmaktadır.

Klinik olarak, günümüzde en yaygın kullanılan ilaç sınıfları antianjiyogenetik ve poli (ADP-riboz) polimeraz inhibitörleridir. Bununla birlikte, geliştirme aşamasında değişen aşamalardaki bazı ilaçlar çok çeşitli biyokimyasal yolları hedef alır. Bu ilaçların aktivitesi ve yanıt oranları çok değişkendir. Kombinasyon ilaç tedavisi ve uygun hasta seçimi hakkında sorular devam ediyor.

ANJİYOGENEZ İNHİBİTÖRLERİ

Anjiyogenez normal over fizyolojisinde ve EOK patogenezinde, asit oluşumunda progresyonda ve metastatik yayılımda temel bir rol oynar. Katı tümörler, hipoksik ortamlarda büyüme ve hayatta kalmak için neovaskülarizasyon oluşturur. Anji-

L1'in negatif olsa da tedaviden fayda sağladığı görülmüştür. Bununla birlikte, PD-L1 ekspresyonunu belirlemek için kesin bir test yoktur ve PD-L1 pozitif durumu için kesin bir referans henüz oluşturulmamıştır.

Over kanseri, tedavi seçenekleri birkaç on yıl boyunca iyileşmesine rağmen, klinisyenler için en zor kanser olmaya devam etmektedir. Son zamanlarda, over kanseri tedavisinde en büyük gelişme bevacizumab ve PARP inhibitör tedavilerinden kaynaklanmaktadır. Over kanseri, hedeflenebilir bir tümör olmasına rağmen, biyolojisi benzersiz ve oldukça heterojendir. Yeni geliştirilen ilaçlar, özellikle PD-1 / PD-L1 antikoru, umut verici sonuçlar vermiştir.Moleküler mekanizmaları daha tam olarak anlamak ve direnci yenmek için hedef kombinasyon tedavileri geliştirmek için bu araştırmanın asgari toksisite ile daha fazla araştırılmasına ihtiyaç vardır. Yakın gelecekte moleküler özelliklere dayalı daha özel tedaviler beklenmektedir.

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