

Bölüm 42

BÖBREK TÜMÖRLERİ YAKLAŞIM VE YÖNETİM

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EPİDEMİYOLOJİ, ETİYOLOJİ VE PATOLOJİ

Renal hücreli kanser (RHK) batı ülkelerinde yüksek insidansla görülür ve tüm kanserlerin %2-3'ünü oluşturur. Görülme sıklığı son iki dekada %2 civarında artmış olup, özellikle Kuzey Amerika ve Avrupa gibi gelişmiş ülkelerde daha sık gözlenmektedir (1, 2). Amerika Birleşik Devletler (ABD)'inde RHK için 2019 yılında, yaklaşık 73820 (44120 erkek ve 29700 kadın) yeni vaka ve 14770 (9820 erkek ve 4950 kadın) ölüm beklenmektedir (3). Avrupa ve Amerika'da sırasıyla 1990 ve 2000 yıllarının başında RHK'den ölüm oranlarında artış varken sonraki yıllarda dengelenme olmuştur (2, 4).

Erkeklerde kadınlara göre 1,5 kat daha fazla gözlenirken, 60-70 civarında insidansında hafif bir artış vardır (5). Aile öyküsü riski artırmaktadır. Etiyolojisinde sigara, obezite, hipertansiyon, yiyecekler (turp-giller), ilaçlar (asetaminofen, non steroid antiinflamatuvar), böbrek taşı gibi faktörler vardır (6). İlimli alkol tüketiminin, sigarayı bırakmanın ve kilo vermenin hastalıktan koruyucu etkisi mevcuttur (7, 8).

RHK'de sağlık sektöründe kullanımı gittikçe artan ultrasonografi (USG) ve bilgisayarlı tomografi (BT) sayesinde insidental tümör tanısında artış gözlenmektedir (9).

TANI

Semptom, Bulgu, Laboratuvar

Renal kitleler genelde hastalığın son evresine kadar asemptomatik seyrederek. Hastaların %50'sinden fazlasına rastlantısal olarak tanı konulmaktadır (10). Klasik triadı flank ağrısı, makroskopik hematüri ve karında ele gelen kitle şeklindedir ve hastaların %(6-10)'unda gözlenir (11, 12). Hastalarda paraneoplastik (%30) sendroma ve metastazlara bağlı semptomlar gözlenebilir (13).

Fizik muayenede RHK tanısında nadir bulgu vardır. Ele gelen abdominal kitle, servikal lenfadenopati ve dev varikozel bunlara örnek gösterilebilir. Bunlar genelde ileri hastalık ve metastazın bulguları olarak karşımıza çıkar. Tanı için laboratuvarında tipik bir parametre yoktur. Hemogram, biyokimya, idrar tahlili ve koagülasyon testleri rutin olarak istenmektedir.

Görüntüleme

Genel olarak USG, BT ve manyetik rezonans görüntüleme (MRG) renal kitlenin tesbitinde kullanılmaktadır. Tanıyı kolaylaştırmak ve kitlenin karakteristiğini ortaya koymak için kontrastlı yöntemler ön plana çıkmaktadır (14). Kontrastlı USG özel vakalarda tanıyı kolaylaştırmak için önerilmektedir (15).

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Cabozantinib

Oral alınan tirozin-protein kinaz met (MET), VEGFR ve tirozin kinaz resptörü axl (AXL) inhibitörü bir ilaçtır.

Lenvatinib

Oral alınan VEGFR-1, VEGFR-2, VEGFR-3 ve fibroblast büyüme faktörü reseptörü (FGFR)-1, FGFR-2, FGFR-3 inhibitörü bir ilaçtır.

Tivozanib

Selektif VEGFR-1, VEGFR-2 ve VEGFR-3 inhibitörü bir ilaçtır.

VEGF'ye karşı monoklonal antikor

Bevacizumab insan kökenli bir antikordur. IFN- α ile kombine tedavisi sadece IFN- α ile yapılan tedaviye göre daha fazla progresyonsuz yaşam sağlamaktadır (91).

mTOR intibitörleri

Temsirolimus

Yüksek riskli metastatik RHK'de ilk seçenek tedavi olarak kullanıldığında, IFN- α monoterapisinden daha fazla tam sağkalım sağladığı ve daha az yan etki gösterdiği bilinmektedir (82).

Everolimus

Oral bir mTOR inhibitörüdür ve VEGF refrakter hastalarda kullanılır (92).

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