

Bölüm 6

İNTRAABDOMİNAL/ RETROPERİTONEAL SARKOMLARDA MEDİKAL ONKOLOJİK TEDAVİLER

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GİRİŞ

İntraabdominal/retroperitoneal sarkomlar (RPS) nadir tümörler olup tüm malignitelerin %0.1-0.2'sini oluşturur. RPS'lerin çok çeşitli ve nadir tümörler olması, sarkom çalışmalarında küçük oranda dahil edilmesi ve standart bir tedavi yöntemi olmaması nedeniyle RPS hastaları ideal olarak konusunda deneyimli onkolojik cerrahi, patoloji, radyasyon onkolojisi, medikal onkoloji, radyoloji ve nükleer tıp uzmanlarının olduğu multidisipliner konseylerde değerlendirilmelidir.

Genel olarak RPS'de tek potansiyel küratif tedavi cerrahi olarak görülmektedir. Medikal tedavi kullanım alanı ise preoperatif kemoterapi; preoperatif eş zamanlı kemoradyoterapi; postoperatif kemoterapi; metastatik/irrezektabl tümörlerde palyatif kemoterapi; hedef tedaviler ve immünoterapiler olarak sıralanabilir.

PREOPERATİF (NEOADJUVAN) KEMOTERAPİ

RPS için randomize bir neoadjuvan çalışma yapılmamış olsa da histolojik tip olarak kemoterapiye duyarlılığı bilinen ve anrezektabl/sınırdaki rezektabl olan seçili hastalarda rezektabl hale getirme amaçlı neoadjuvan kemoterapi, bölgesel hipertermi ve kombinasyonları uygulanabilir.

2010'da yayınlanan randomize faz 3 çok uluslu çalışmada yüksek riskli (>5cm, grad 2-3, fasyadan derin) lokalize 341 yumuşak doku sarkomu hastası neoadjuvan kemoterapi ve kemoterapi ile bölgesel hipertermi olarak iki kola ayrılmıştır (1). Kemoterapi rejimi olarak etoposid 125 mg/m² D1-4, ifosfamid 1500 mg/m² D1-4 ve doksorubisin 50 mg/m² D1 üç haftada bir verilmiştir. Primer sonlanım nokta-

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Sadece nivolumab kolunda cevap oranı %5.3, medyan progresyonsuz sağkalım 2.6 ay iken, kombinasyon kolunda cevap oranı %16 ve progresyonsuz sağkalım 4.5 ay olarak bulunmuştur.

Sonuç

RPS'lerde medikal onkolojik tedaviler metastatik evrede öne çıkmaktadır. Geçen yıllarda kemoterapatik ajanlarla sağkalım açısından yol katedilmiştir, bunun yanı sıra artan klinik çalışmalar ışığında yeni hedef tedaviler ve immunoterapiler umut vaadedici sonuçlar vermektedir.

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