Bölüm 3

TANI ANINDA UNREZEKTABL METASTAZI OLAN KOLOREKTAL KANSER OLGULARINDA PRİMER TÜMÖRÜN REZEKSİYONU

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GİRİŞ

Kolorektal kanserler dünyada ve ülkemizde erkeklerde ve kadınlarda 3. en sık görülen kanser türüdür. Ülkemizde 2014 verilerine göre erkeklerde 22.8/100.000 kişide görülürken, kadınlarda 13.8/100.000 kişide görülmektedir. Dünya verilerine benzer şekilde ülkemizde de kolorektal kanser tanısı alan hastaların %23 gibi önemli bir kısmı tanı anında karaciğer, akciğer, retroperitoneal lenf nodları ya da periton gibi uzak organlara metastaz yapmış olarak bulunmaktadır (1, 2).

TEDAVİ YAKLAŞIMLARI

Bilindiği üzere kolorektal kanserlerde temel tedavi yöntemi tümörlü segmentin onkolojik cerrahi prensiplere uygun şekilde rezeksiyonudur. Senkron metastazı olan hastalarda ise uzak metastaz bölgesinin eş zamanlı ya da aşamalı rezeksiyonu öncelikli olarak önerilmektedir (3, 4). Fakat kolorektal kanser senkron metastazlarının tanı anında büyük oranda (%75-90) unrezektabl olduğu da kabul edilmesi gereken bir gerçektir (5). Çoğunlukla tam şifa beklenmeyen bu hasta grubundaöncelikle sistemik kemoterapi verilip komplikasyona göre mi cerrahi düşünülsün yoksa öncelikle primer tümörün rezeksiyonu yapılıp sistemik tedaviye devam mı edilsin hususunda kararsızlık söz konusudur. Amerikan kanser kılavuzu (NCCN) ve Avrupa Tıbbi Onkoloji Derneği(ESMO) kılavuzlarında sadece primer kolorektal kanser ilişkili obstrüksiyon, kanama, perforasyon ya da ciddi ağrı gibi durumlarda primer tümör rezeksiyonu önerilse de vakaların yaklaşık %80 gibi çoğunluğunu oluşturan asemptomatik primer tümörü olan hastalarda uygun tedavi sıralamasının belirlenmesi açısından literatürde tartışmanın devam ettiği görülmektedir (6-35).

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cerrahi müdahale çoğu zaman kaçınılmazdır. Asemptomatik hastalarda tedavi modalitelerine karar verme konusunda ise modern, hedefe yönelik kemoterapötiklerin uygulandığı günümüzde, metodolojik kısıtlamaların minimalize edildiği, çok merkezli, geniş hasta popülasyonları üzerinde gerçekleştirilmiş randomize kontrollü çalışmaların sonuçlarına ihtiyaç duyulmaktadır. Halihazırda devam etmekte olan çalışmaların (Tablo 1) sonuçları hem sağkalım hem de yaşam kalitesi açısından bu tür hastalara yaklaşımımızı belirlemede faydalı olabilir.

Tablo 1. Devam Eden Randomize Kontrollü Çalışmalar

Çalışma ismi	Kayıt numarası*	Birincil amaç	Örneklem büyüklüğü	Tahmini bitiş tarihi
CR4 (56)	NCT02015923	KÖS, 2 yıl	346	Kasım 2018
GRECCAR 8 (57)	NCT02314182	GS, 3 yıl	290	Aralık 2018
Çin çok merkezli**	NCT02149784	GS, 3 yıl	480	Temmuz 2019
SYNCRONOUS (58)	ISRCTN30964555	GS, 3 yıl	800	Aralık 2019
JCOG1007**	UMIN000008147	GS	770	Aralık 2020
CAIRO4 (59)	NCT01606098	GS, 5 yıl	360	Ağustos 2021

*Kayıtlı olduğu veri tabanı kayıt numarası. NCT: www.Clinicaltrials.gov, ISRCTN: www.isrctn.com, UMIN: www.umin.ac.jp/ctr**Yayınlanmış çalışma protokolleri bulunmamaktadır. KÖS: Kansere özgü sağkalım, GS: Genel sağkalım

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