Bölüm 22

ESMO 2018'DE ÖNE ÇIKAN 5 ÇALIŞMANIN ANALİZİ

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GİRİŞ

2000'li yılların başına kadar tedavilerin temelini kemoterapi oluşturuyordu. Aynı dönemlerde malign melanom ve renal hücreli karsinomda kullanılan interferon ve interlökin-2 immunoterapinin ilk uygulamaları olarak kabul edilebilir. Daha sonra monoklonal antikorların ve tirozin kinazların yeni oyuncular olarak sahne alması ile gerek adjuvan hem metastatik hastalıkta daha uzun sağkalımları konuşabilir hale geldik. İçinde olduğumuz dekat ise immunoterapinin monoterapi olarak yakın zamanlarda da kombine tedavilerle ön plana çıktığı dönem oldu. Burada metastatik baş-boyun kanseri, triple negatif meme kanseri, metastatik kolorektal karsinom, metastatik renal hücreli karsinom ve over kanserinde ESMO 2018'de sunulan 5 çalışma ile birlikte geçmişten günümüze bazı çalışmaların değerlendirilmesi yapılmıştır.

METASTATİK BAŞ-BOYUN KANSERİ

Rekürren veya metastatik skuamöz hücreli baş-boyun tümörlerinde, platin rezistan hastalarda son 10 yıla damgasını vuran EXTREME çalışmasında hiç tedavi almamış hastalar ; Platin, 5-Fluorourasil ve setuksimab kombinasyonu (EXTREME kolu) ile platin, 5-Fluorourasil ve plasebo kombinasyonu olarak karşılaştırılmış. Medyan genel sağkalım setuksimab alan hastalar lehine 10.1 & 7.4 ay saptanmış. Medyan progresyonsuz sağkalım 3.3 ay & 5.6 ay setuksimab kolu lehineydi ($p<0.001$) ve hastalık kontrol oranı %81'e karşılık %60 ile setuksimablı kombinasyon lehineydi. Her iki grup arasında yan etkiler açısından belirgin fark saptanmadı. Bu çalışma sonuçlarından sonra kemoterapi + setuksimab rekürren metastatik başboyun tümörlerinde ilk sıra tedavide kategori 1 düzeyinde önerildi. Epidermal Growth Faktör Reseptör (EGFR) ekspresyon düzeyi hastaların %80'den fazlasında %40 ve üzerinde saptandı. Tedavi yanıtlarında EGFR %'sine göre fark saptanmadı(Vermoken JB & ark, 2008). Aynı periyodda yayınlanan

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≥ %25 üzerindeydi. Evre ≥ 3 ve üzeri yan etki olaparib kolunda %21.5 anemi, %8.5 nötropeni, %3.8 bitkinlik ve %3.1 diyare olarak görüldü, plasebo kolunda ise evre ≥ 3 ve üzeri yan etki olarak %4.6 oranında nötropeni ve %1.5 oranında da bitkinlik ve anemi görüldü. Sonuç olarak BRCA mutant ileri over kanseri hastalarında PFS'yi eşi görülmemiş bir şekilde artırdı, olaparib genel olarak iyi tolere edildi. (Moore K & ark, 2018). Olaparib, BRCA mutant ileri over kanser hastalarında standart platin bazlı kemoterapiyi takiben kılavuzda platin sensitif tedavide idame tedavisi olarak bevasizumab, niraparib, olaparib ve rucaparib önerilirken bu çalışma ile olaparibin idame tedavideki öneri düzeyi olarak bir adım öne çıkması söz konusu olabilir. (NCCN Version 2.2018)

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