GEBELİKTE İMMÜNOTERAPİLERİN KULLANIMI

15. BÖLÜM

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GİRİŞ

İmmünoterapi, pogrammed cell death 1 (PD1) ve programmed cell death ligand 1 (PD-L1) etkileşimini bloklayan ve cytotoxic T lymphocyte antigen 4'ü (CTLA4) inhibe eden ajanların kullanıma girmesiyle onkolojide birçok tümörün tedavi yönetimini değiştirmiştir. Bu immün kontrol noktası inhibitörleri, immün düzenleyici yolakları hedefleyerek T hücresi aracılı antitümör yanıtları artırır. PD1/PD-L1'i hedefleyen tedaviler başta melanom, küçük hücreli dışı akciğer kanseri, renal hücreli karsinom ve baş-boyun skuamöz hücreli karsinom olmak üzere birçok solid organ tümöründe onay almıştır. Anti-CTLA4 tedavi olan ipilimumab melanom için onaylı olsa da anti-PD1 ile kombinasyonunun akciğer kanseri, renal hücreli karsinom, koleraktal kanser gibi diğer solid organ tümörlerinde de etkinliği gösterilmiştir.

İmmün kontrol noktası inhibitörleri, farklı kanser türünde %15 ile %90 arasında değişen yanıt oranları göstermesi (1), kalıcı hastalık kontrolü sağlaması ve iyi tolere edilebilen toksisite profillerine sahip olması nedeniyle hastalar ve klinisyenler için ilgi çekici tedavi seçeneklerindendir. İmmün ilişkili advers olaylar nadiren önemli morbidite ve mortaliteye neden olabilse de birçok hasta, tedavi sırasında minimal semptomlarla iyi bir yaşam kalitesine sahip olurlar. İmmün kontrol noktası inhibitörlerinin güvenliği ve aktivitesi, çok sayıda klinik çalışmada iyi karakterize edilse de günlük pratikte karşılaşılan hasta popülasyonu, sıklıkla bu klinik araştırmalar için uygun olmayan hastalardan oluşur. Çalışma dizaynlarına uygun olmayan bu hasta gruplarının bu etkin tedavileri kullanmak istemesi, hekimler için oldukça yaygın bir sorundur. Gebe hastalar, bu hasta gruplarından biridir. İmmünoterapinin gebelikte anne ve fetüs üzerine olan etkisinin daha iyi anlaşılabilmesi için öncelikle gebelik ve kanser immünolojisi anlaşılmalıdır.

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