

Bölüm 13

KÜÇÜK HÜCRELİ AKCİĞER KANSERİNDE İMMÜNOTERAPİ

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GİRİŞ

Küçük hücreli akciğer kanseri (KHAK) kötü diferansiye nöroendokrin tümör olup biyolojik davranış ve klinik özellikleriyle küçük hücreli dışı akciğer kanserlerinden (KHDAK) ayrılmaktadır. KHAK ve KHDAK nin her ikisi de yıllar içinde tütün ve diğer karsinojenlere maruziyet sonucunda, proliferasyonun uyarılması ve mutagenizasyon sonucu oluşmaktadır. Multipl genetik bozukluk saptanmakta ve bunların bir kısmı kanser ile ilişkilendirilirken bazılarının ikincil etkilere sebep olduğu düşünülmektedir. KHAK küçük hücreli dışı akciğer kanserlerine göre daha hızlı çoğalma, yayılma ve metastaz yapma riski taşır. KHAK kemoterapi ve radyoterapiye oldukça duyarlı olduğu kadar kısa sürede relaps ve direnç gelişimi gözlenmektedir. Bu durum KHAK tedavisinde farklı arayışlara yol açmıştır.

Epidemiyoloji

Sigarayla çok yakın ilişkisi gösterilmiş olup, en sık yoğun sigara içenlerde görülmektedir (1). Sigara içmeyenlerde çok nadirdir (2). Tüm akciğer kanserleri içinde yaklaşık %15' lik bir bölümü oluşturmaktadır. Surveillance, Epidemiology, and End Results (SEER) veritabanına göre Amerika Birleşik Devletleri' nde KHAK sıklığı zaman içinde azalmaktadır, 1986' da %17, 2002' de %13 gelmiştir, bu değişiklik sigara tüketimindeki azalmayla ilişkili olabilir (3).

Patolojik Sınıflama

Dünya Sağlık Örgütü (DSÖ) nöroendokrin kökenli akciğer kanserlerini dört alt kategoride sınıflamıştır (4). Bunlar:

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