

Bölüm 19

BAŞ BOYUN KANSERLERİNDE İMMÜNÖTERAPİ TEDAVİSİ

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Baş ve boyun kanserleri, farklı histolojiye, anatomik orijin bölgesine ve tümör biyolojisine bağlı olarak farklı prognozlara sahip heterojen bir tümör grubudur. Bilinen risk faktörleri alkol kötüye kullanımı, tütün kullanımı ve insan papilloma virüsü (HPV) enfeksiyonudur [1,2].

Diğer birçok kanser gibi baş-boyun kanseri gelişiminde, immün süpresyon önemli rol oynar[3a]. İmmün kompetan bireylerde, T lenfositleri antijen sunan dentritik hücrelerin aktivasyonu sayesinde yabancı antijenleri tanıyıp elemine edebilmektedir [4]. Aslında karmaşık olan bu mekanizma, organizmayı enfeksiyonlara karşı savunmayı ve aynı zamanda doku homeostazını korumayı ve otoimmüniteden kaçınmayı amaçlamaktadır. Kanser hücreleri konakçıdan köken alır, bu nedenle teorik olarak immün toleransa maruz kalırlar [5]. Bununla birlikte, genetik instabiliteleri nedeniyle tümör hücreleri T hücreleri tarafından tanınan neoantijenler salgılayabilirler[6]. İmmüno-gözetim hipotezine ve immüno-düzenlemenin evrimine göre, malign hücreler, neoantijene özgü T hücreleri dirençli klonlar hakim olana kadar malign hücreleri elimine eder [7,8,9]. Neoantigen yolağına ek olarak, HPV enfeksiyonu ile ilişkili baş-boyun tümör hücreleri viral antijen repertuarları sayesinde T hücreler tarafından tanınabilir ve elemine edilebilir[10].

Baş-boyun tümörlerinde önemli immünolojik etkileri olan zenginleştirilmiş bir bağışıklık ortamı olduğu ortaya konmuştur. Hem HPV + hem de HPV- baş boyun tümörlerinde, tümör mikroçevresinde artmış oranda CD8 + T hücreleri ve aktif NK hücreleri saptanmış olup buna paralel olarak Treg hücre oranı ve immüncheckpoint reseptör ve ligand düzeyleri de artmış olarak saptanmıştır[11]. Baş-boyun tümörlerinde tümör infiltrate eden lenfositlerin varlığı iyi prognozla ilişkili bulunmuştur[12]. Özellikle baş-boyun kanserlerinin sıklıkla immünsüp-

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