Bölüm
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MİDE KANSERİNDE İMMÜNOTERAPİ

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GİRİŞ

Mide kanseri (MK) 2018 yılında dünya üzerinde tahmini 1.03 milyon yeni vaka ve 780000 ölümle birlikte en sık görülen beşinci kanser türü olup , kansere bağlı ölümlerin en sık üçüncü nedendir (1,2). En yüksek mide kanseri insidansı,Doğu Asya, Güney ve Orta Amerika ve Doğu Avrupa'da görülmekte iken, Japonya ,Kore ve mide kanserinin kansere bağlı ölümlerin önde gelen bir nedeni olduğu Çin gibi uzak doğu ülkelerinde oranlar özellikle yüksektir(3,4).

Cerrahi rezeksiyon içeren multimodal tedavi (neoadjuvan veya adjuvan kemoterapi (KT) ve/veya radyoterapi (RT) kombinasyonları) , rezektabl T2 – T4 ve / veya nod pozitif mide kanserine sahip hastalar için tek potansiyel iyileştirici bakım standardını temsil etmektedir(5). Ne yazık ki hastaların büyük bir çoğunluğu tanı sırasında lokal ileri veya metastatik hastalığa sahiptir ve cerrahi tedavi uygulanmış hastaların %40 ila %60' ında takipler sırasında nüks veya metastaz gelişmektedir (6,7).Metastatik hastalığa sahip mide kanserli hastalarda birinci basamak tedavinin ana omurgasını platin/fluorourasil kombinasyonları oluşturmaktadır. Bu kombinasyonlar ile Her2 negatif hastalarda ortalama genel sağkalım 10-12 ay arasında iken , Her 2 pozitif hastalarda (vakaların %15-20 si) platin/ fluorourasil tedavi kombinasyonuna trastuzumab eklenmesi ile 14-16 aylık bir genel sağkalım elde edilmektedir(8). İkinci basamak tedaviye ulaşan ve yeterli performans skoruna sahip hastalarda gümüzde önerilen standart tedavi ajanları irinotekan,taksanlar (paklitaksel, dosetaksel),ramicirumab monoterapisi veya paklitaksel ile kombinasyonudur .Şu anda metastatik mide kanseri tedavisinde üçüncü basamakta önerilen standart bir tedavi ajanı yoktur (9,10).Günümüzdeki mevcut tedaviler ile sınırlı evre hastalığa sahip hastalarda elde edilebilen 5 yıllık

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SONUÇ

Malign melanom ve akciğer ve baş boyun kanserlerinde immünoterapinin göstermiş olduğu başarılar sonrasında mide kanserinde kullanımı ile ilgili çalışmalar hız kazanmıştır (54). Ancak MK'nın genel immünojenitesi düşük olduğundan immünoterapi ajanlarının etkinliği bu hastalıkta daha çok EBViMK ve MİMK gibi tümörlerle sınırlıdır(15).Günümüzde immünoterapi ajanları ile ilgili araştırmalar giderek monoterapiden ,kemoterapi ile immünoterapi ajanlarının ve immünoterapi ajanlarının birbirleri ile kombinasyonlarına doğru yönelmektedir (Tablo-2). Devam eden bu çalışmalar immünoterapi ve kemoterapi kombinasyonlarının artmış etkinliğini göstermektedir(57).CAR-T hücre tedavisi gibi aktif immünoterapi ajanları MK için yeni bir araştırma alanıdır ve sonuçlar umut vaad edici görünmektedir. Gelecekte immünoterapi ajanları solid tümörlerin tedavisinde daha çok söz sahibi olacak gibi görünmekle birlikte klinik pratiği değiştirmek için halen çalışmalara ihtiyaç duyulmaktadır.

Anahtar Kelimeler: Mide kanseri, immünoterapi,CTLA-4,PD-1,PD-L1

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