

Konu 2

Mide Kanseri Tedavisinin Güncel Durumu

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Giriş

Mide kanseri, dünya çapında en yaygın beşinci malignite ve dünya çapında kansere bağlı ölümlerin üçüncü önde gelen nedenidir (1). Öncelikle *Helicobacter pylori* enfeksiyonu ile bağlantılı olsa da, mide kanseri insidansında büyük bölgesel farklılıklar vardır. Vakaların yaklaşık % 70'i Asya'da meydana gelmektedir (2). ABD ve Batı ülkelerinde, mide kanseri insidansı her yıl teşhis edilen yaklaşık 21.000 yeni vaka ile genel ortalamadan daha düşüktür (3). Bu nedenle, Japonya'da Batı ülkelerinden daha farklı mide kanseri tedavileri geliştirilmiş ve uygulamaya konmuştur. Mide kanserinde minimal invaziv tekniklerin kullanımı konusunda hem Doğu hem de Batıda birçok çalışma yapılmıştır. Bununla birlikte, hastaların Patofizyolojik özellikleri gözönüne alındığında Doğu sonuçlarının Batılı hastalara genellenebilirliğini sınırlandırabilecek farklılıklar olduğunu akıld tutmak önemlidir.

Japon cerrahlar, dünya çapında mide kanseri cerrahisinin gelişiminde ciddi anlamda etkili olmuş, gastrektomi ve lenfadenektomi ile ilgili birçok teknik sunmuşlardır (4,5). Doğu'nun aksine, Batıda majör tedavi stratejileri ise daha sınırlı lenf nodu diseksiyonu ve kemoradyoterapiyi içermektedir (6,7). Japonya'dan yapılan klinik çalışmalarda, genişletilmiş radikal cerrahiler sonrası daha

olumlu sonuçlara ulaşılamamış ve bu nedenle, ameliyat sonrası komplikasyonları en aza indirmek ve ameliyat sonrası yaşam kalitesini korumak için daha minimal invaziv cerrahi teknikler tercih edilmeye başlanmıştır (8-10). Son çalışmalarla, mide kanseri için yeni kemoterapi rejimleri onaylanmış ve moleküler hedefli ilaçlar ve immün kontrol noktası inhibitörleri gibi yeni terapötik stratejiler büyük dikkat çekmiştir.

Endoskopik Tedavi

Endoskopik mukozal rezeksiyon (EMR) ve endoskopik submukozal diseksiyon (ESD) dahil olmak üzere endoskopik tedavi, erken mide kanseri için cerrahi bir alternatiftir. Endoskopik tedavinin etkinliğini cerrahi ile karşılaştıran faz III çalışmaları olmamasına rağmen, birçok diğer çalışma karşılaştırılabilir uzun dönem sonuçları olduğunu göstermiştir (11,12). Endoskopik tedavi, tam en-blok rezeksiyonun beklendiği ve lenf nodu metastazı olmayan mide kanseri vakaları için uygundur. Japon Mide Kanseri Derneği Tedavi Kılavuzu'nda (4. baskı) EMR / ESD için mutlak endikasyon kriterlerinin, ülser olmayan cT1a hastalar ve diferansiye adenokarsinom tanısı konan ≤ 2 cm çapında tümörler olduğu belirtilmektedir (13). JCOG0607 (Japan Clinical Oncology Group) çalışmasında uzun süreli takipler sırasında ESD

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