

BÖLÜM 15

ÖZOFAGUS KANSERLERİ



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GİRİŞ

Özofagus kanseri, kansere bağlı ölümün ayrılmaz bir nedeni olmaya devam etmektedir ve dünya çapında insidans oranları 6 kattan fazla oranda ciddi bir artış göstermiştir (1). Lokalizasyona göre özefagus kanserinin insidans oranı önemli ölçüde değişir (2). Özefagus skuamöz hücreli kanserinin (ÖSCC) prevalansı doğu Asya da, batı ve güney Afrika da, güney Avrupa da yüksektir (3). Ancak ÖSCC insidans oranı kuzey Amerika ve Avrupa'nın diğer kısımlarında düşüktür (4). Bu coğrafi farklılıklar, etnik köken, genetik faktörler ve yaşam tarzının hepsinin ÖSCC'nin gelişiminde rol oynadığını göstermektedir. Özofagusun normal mukozasından kolumnar bir tabakaya metaplastik transformasyon olan Barret Özofagusu özofagus adenokarsinomu (ÖAK) bilinen tek öncüsüdür, ÖAK gelişme riskini 30-40 kat artırmaktadır (5). Tüm potansiyel risk faktörlerini tanımlama, keşfetme ve müdahale etme ÖAK'nun insidans oranları üzerine önemli bir etki edebilir. Şu anda ÖAK tanısı konan hastaların sadece % 5 inde Barret Özofagus teşhisi vardır (7). Bu nedenle risk faktörlerinin belirlenmesi ve etkili tanı sonrası müdahaleyi dayatmak Barret özofagus hastalarının daha etkili bir şekilde tarayacak modellerin gelişmesine yardımcı olabilir (8).

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Anti-anjiyogenez tedavisi: Ramucirumab, anti-anjiyojenik olarak adlandırılan bir hedefe yönelik tedavi türüdür. Yeni kan damarları yapma süreci olan anjiyogenezi durdurmaya odaklanmıştır.

İmmünoterapi: Yemek borusunun hem adenokarsinomu hem de skuamöz hücreli karsinomunu ve mide ile yemek borusunun birleştiği yerde büyüyen kanser olan gastroözofageal bileşkeyi tedavi etmek için onaylanmış 2 tip immünoterapi ilacı vardır. Pembrolizumab ve nivolumab, PD-1/PD-L1 yolunu hedefleyen kontrol noktası inhibitörleridir.

METASTATİK ÖZOFAGUS KANSERİ

Metastatik özofagus kanseri için, semptomları ve yan etkileri hafifletmeye yardımcı olmak için palyatif veya destekleyici bakım çok önemlidir. Tedavinin amacı genellikle bir kişinin ömrünü uzatırken ağrı ve yemek yeme sorunları gibi semptomları hafifletmektir. Tedavi planınız, ağrı veya rahatsızlığı gidermeye yardımcı olmak için kemoterapinin yanı sıra radyasyon tedavisini içerebilir. Örneğin özofagus stenti, lazer tedavisi, fotodinamik tedavi veya kriyoterapi yemek borusunun açık kalmasına yardımcı olabilir.

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