

BÖLÜM 10

Adjuvant kemoterapideki tartışmalar

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ANAHTAR NOKTALAR

- Evre III kolorektal kanserdeki sağkalım oranları, 5-Fluorourasil (FU)/lökovorin (LEU) veya kapesitabin (CAP) ve okzaliptin (OX) ile yapılan sitotoksik kemoterapi ile iyileştirilebilir; irinotekan (İR), bevacizumab (BEV) ve setuksimab (CTX) eklenmesi adjuvant tedavide başarısızlığa neden olmuşlardır.
- Yetmiş yaş üzerindeki hastalarda dikkatli ilaç seçmek gereklidir; FU veya CAP'e OX eklenmesi tartışmalıdır ve toksisite artmıştır.
- Evre II hastaların tümü, adjuvant tedaviden sadece % 4 fayda gördükleri için patolojik ve klinik prognostik özelliklerine göre tedavi seçimi yapılmalıdır.
- DNA yanlış eşleşme tamir defektleri/mikrosatellit instabilitesi (MSI) olan kolon kanserlerinin % 15 kadarı daha iyi sağkalıma sahiptir. MSI evre II hastalar belki de tedavi edilmemelidir; veri kaynaklarına göre bizim yorumumuz evre III hastaların hem FU/LEU hem de FU/LEU/OX bazlı kemoterapilerden potansiyel olarak fayda görebileceğidir.
- Tümör gen ekspresyon imza testi, prognoz kararını vermede ticari olarak ulaşılabilir ancak kemoterapinin faydalarını predikte etmedeki yetersizliği klinik uygulanabilirliğini sınırlamaktadır.
- Tümörlerin moleküler profillemesi ve prediktif alt tipleri hedefleyen rasyonel tedaviler sonuçta her şey dahil tedavilerin yerini alacaktır.
- Konak faktörleri ve tümör arasındaki ilişkilerin, özellikle immun parametrelerin artarak anlaşılması yeni tedavi imkanları sağlayabilecektir.

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ÇOKTAN SEÇMELİ SORULARIN CEVAPLARI

1. D
2. B