

# BÖLÜM 12

## Kemoterapötik radyoduyarlılaştırma için kısıtlı seçenekler (daha fazla tedavi her zaman daha iyi değildir)

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### ANAHTAR NOKTALAR

- RT ve KT kombinasyonunun rektum kanseri tedavisinde başarılı bir konsept olduğu ispatlanmıştır ve bu KRT'nin klinik uygulamalardaki mantığına zemin oluşturmuştur.
- Neoadjuvan tedavilerde RT ile kapesitabin kombinasyonu tolere edilebilir ve infüzyonel 5-FU çalışmalarında elde edilen oranlara benzer patolojik tam remisyon (pTR) oranları görülür.
- İrinotekan genellikle 5-FU veya kapesitabin ile kombine edilerek verilir. Daha yüksek pTR oranları elde edilse de en önemli doz sınırlayıcı toksisite (DST) grad  $\frac{3}{4}$  diyaredir.
- Oksaliplatinin 5-FU veya kapesitabin ile kombinasyonu pTR oranlarında anlamlı bir artışa sebep olmazken, grad  $\frac{3}{4}$  toksisiteelerde belirgin bir artışa neden olmuştur.
- Bevasizumab ile olumlu pTR oranları görülmüştür ancak perioperatif güvenlik konusunda kaygıları arttırmıştır.
- Setüksimab ile 5-FU ve RT kombinasyonu ile, sinerjistik veya beklenmeyen toksisiteler olmaksızın, hayal kırıklığına yol açan pTR oranları görülmüştür.
- Erlotinib ve bevasizumab ile 5-FU veya kapesitabin kombinasyonu umut vadeden pTR oranları ile iyi tolere edilmiştir ve ilave çalışmalara ihtiyaç vardır.

C. Yara açılması

D. Tromboembolizm

E. Nötropeni

3. Eğer hasta tedavi rejimine bir anti-anjiyojenik madde eklenmesini isteseydi, KRT sonrasında oluşabilecek en kaygı verici yan etki aşağıdakilerden hangisi olurdu?

A. Nöropati

B. Diyare

C. Yara açılması

D. Bulantı

E. Nötropeni

## Kaynaklar

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2. B
3. C