

BÖLÜM 14

İlerlemiş kolorektal kanser kemoterapisinde tartışmalar

Çeviren: XXX

XXX

ANAHTAR NOKTALAR

- Tedavi edilmemiş metastatik kolorektal kanserde (mKRK) kombinasyon kemoterapisi (KT) standarttır. Ancak seçilmiş olgularda ardışık tedavi dikkate alınabilir.
- KRAS wild-tip hastaların tedavisinde biyolojik ajanların optimal bir sıralaması yoktur.
- Sınırlı KC metastatik hastalığında metastatektomi yaşam süresini uzatabilir ve olguların küçük bir kısmında kür sağlayabilir.
- Potansiyel hepato-toksitesi sınırlandırmak için konversiyon tedavisi 3-4 aya sınırlı olmalıdır.
- KT verilmeyen intervaller (CFI) mKRK'lı bazı olgularda kabul edilebilir bir seçenektedir.

Giriş

ABD'de KRK ölümün 3. En sık [1]. Aşağı yukarı KRK'lı olguların %50'sinde metastatic hastalık oluşur. Mevcut tedaviler yaşam süresini 24 ayın üstüne çıkarmıştır [2-18], ki bu da bu ajanların en etkilisini bulmada tartışma getirmiştir. Bu konuda KRAS wild-tip hastalıklı mKRK tedavisindeki bazı çelişkileri: ardışık mı kombinasyon mu, konversiyon tedavisini, CFI konularını irdelemektedir. Özellikle belirtildikçe 1. Basamak tedaviler kastedilmiştir.

Olgı 2

69 yaşında mKRK'lı hasta 12 ay mFOLFOX6+Bev aldı, son 10 aydır parsiyel yanıtlı idi. Persisten grade 2 nöropati nedeniyle OX doz azaltımı gerkti. Halen günlük aktivitele-rini sürdürmekte sorunu var.

2. Aşağıdakilerden hangi modifikasyonlar kabul edilebilirdir?

- A.** 5-FU ve OX ve Bev en son dozlarda devam.
- B.** OX kes, idame 5-FU ve Bev ile hastalık ilerlemesine kadar veya nörotoksisite düzelene kadar devam, OX düzelince OX yeniden verilebilir.
- C.** KT'yi tam olarak kes, yakından takip et, hastalık ilerlemesi halinde KT başlamayı planla.
- D.** OX dozunu 45 mg/m²'ye düşür ve tedaviye devam et.

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ÇOKTAN SEÇMELİ SORULARIN CEVAPLARI

1. B, C, D
2. B, C