

MİDE KANSERİNDE GERİATRİK HASTA YÖNETİMİ

34. BÖLÜM

Atakan TOPÇU¹

GİRİŞ

Mide kanseri, dünya çapında beşinci en sık görülen kanserdir[1]. Mide kanserinin genel insidansı artan yaşla birlikte artış göstermektedir[2]. Geriatrik popülasyondaki (65 yaş ve üstü) mide kanseri sıklığının artışıyla birlikte, bu hasta grubunun agresif tedavileri tolere etmeyi zorlaştıran geniş bir komorbidite yüküne ve fizyolojik rezerv yetersizliğine sahip olabileceği bilinmelidir.

Yaşlı yetişkin popülasyondaki kanser görülme sıklığına rağmen bu grup, klinik çalışmalarda yetersiz temsil edilmektedir. Bu nedenle, mide kanserli yaşlı hastaları değerlendiren çok az randomize veri vardır. Yaşlı mide kanseri hastalarında yapılan faz II çalışmalarda spesifik olarak ele alınan rejimler arasında kapesitabin ve oksaliplatin (CAPOX), lökovorin – 5FU ve oksaliplatin (FOLFOX), tek ajan kapesitabin ve S1 (Asyalı hastalarda) arasında benzer sağkalım sonuçları bulunmuştur[3-5]. Yaşlı mide kanseri hastalarında yapılan bir faz II çalışmasında ise dosetaksel – oksaliplatin - kapesitabin rejimi araştırılmış ve genç gruba oranla karşılaştırılabilir sağkalımla ilişkili bulunmuştur[6]. Ayrıca, bir faz III çalışmanın meta analizi, geriatrik grupla genç grubu sistemik tedavi yanıtları açısından karşılaştırmış ve genel sağkalımda ve tedaviye yanıtta anlamlı bir farklılık saptayamamıştır[7]. Perioperatif ortamda, yaşlı mide kanserlerini içeren bir çalışmada infüzyonel 5-FU – lökovorin ve oksaliplatin (FLO) ve bu tedaviye ek olarak verilen dosetaksel rejimlerini (FLOT) karşılaştırmıştır. FLOT rejimi, progresyonsuz sağkalıma daha fazla katkı yapmasına rağmen artmış toksisite ile ilişkilendirilmiştir[8]. Ancak, bu analizlere dahil edilen tüm hastaların, bir toplumun geneline yorumlanamayacağı bilinmelidir. Yaşlı mide kanseri hastalarını tedavi etmenin temel prensipleri genç hastalarla temel olarak aynıdır. Bununla birlikte, yaşa bağlı organ fonksiyonlarında azalma, performans duru-

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