BÖLÜM 4

KONKOMİTANT KEMORADYOTERAPİ PRENSİPLERİ

Seher BAHAR[1]

GİRİŞ

Onkolojik tedavilerde multidisipliner yaklaşımın önemi gün geçtikçe artmaktadır.(1) cerrahi, definitif lokal tedavi yöntemi; (2) kemoterapi definitif sistemik tedavi yöntemi (3) radyoterapi definitif lokorejyonel tedavi yöntemidir. Geçmiş zamanlarda bu yaklaşımlar ağırlıklı olarak birbiri için kullanılmış olsa da ,son yıllarda iyileştirilmiş lokal ve rejyonel kontrol, kozmetik sonuçlar,organ korunması ve daha uzun genel sağkalım dahil olmak üzere daha iyi sonuçlar için bu tedavileri birleştirmeye yönelik hem klinik hem preklinik çalışmalarda artış görülmüştür. Bu tedavi modalitelerini ardışık ve eşzamanlı rejimlerde birleştiren klinik çalışmalardan kemoterapi ve radyasyon arasındaki etkileşimler hakkında çok şey öğrenilmiştir. Bununla birlikte laboratuvar araştırmaları, daha iyi sonuçlar için potansiyel olarak kullanılabilecek anahtar moleküler hedefler ve yolaklar göstermiştir. Kemoterapi ve radyasyon kombinasyonu hastalıklarda tedavi yaklaşımını değiştirmiştir. Karşılıklı veya eşzamanlı duyarlılık için radyasyon ve kemoterapinin kullanılması, bu etkileşimlerin karmaşıklığını daha da arttırır. Lösemi tedavisi için radyoterapi ve benzen tedavisi kombine edilmiştir. Bununla birlikte, muhtemelen kemoterapi ve radyasyon tedavisi etkileşiminin en iyi tarihi modeli 5-florourasil (5-FU)dir.

5-Fluorouracil; 1950' lerde, halojenli pirimidin (5-FU)'in external beam radyoterapi (EBRT) ile birleştirilmesinden sonra bu ilaç sınıfının antikanser özelliklere sahip olduğu belirlendi**(1).** Son elli yılda 5-FU, çeşitli gastrointestinal kanserlerin yanı sıra serviks kanseri ve baş ve boyun kanserini tedavi etmek için radyasyonla kombine edildi**(2).** 5-FU'nun uygulama yolu ve zamanlaması, toksisiteyi azaltmak

[1] Uzm. Dr., Atatürk Şehir Hastanesi, Radyasyon Onkolojisi AD., drseherbahar@gmail.com

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