

BÖLÜM 25

SELEKTİF ÖSTROJEN RESEPTÖR MODÜLATÖRLERİ (SERM)

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GİRİŞ

Kadınlarda en sık görülen kanser meme kanseridir. Tüm kadın kanserlerinin %25'ini oluşturur. Erkeklerde meme kanseri nadir olarak görülmektedir (tüm meme kanserlerinin <%1'i). Bu farkın ana nedenini östrojen hormonu oluşturmaktadır (1,2). Premenopozal kadınlarda östrojen hormonunun ana kaynağı overlerdir. Postmenopozal dönemde over kaynaklı steroid hormon yapımı çok azalır bu yüzden adrenal korteks ve periferik dokularda (yağ dokusu, kas dokusu, karaciğer, meme dokusu) adrenal androjen öncüllerinin östrojenlere aromatisasyonu ile (aromataz enzimi ile) östrojen hormonu sentezlenir (2).

Meme kanserinin hormonal tedavisinde amaç, östrojen hormonunun yapımının veya fonksiyonunun engellenmesidir (2). İlk kez 19. yüzyılda bir genel cerrah olan Beatson, ileri evre meme kanseri olan premenopozal kadınlarda bilateral ooferektomi sonrası düzelme olduğunu görmüş ve meme kanserinde östrojen hormonunun önemli olduğunu göstermiştir (3).

1960'lı yıllarda Jensen ve Jacopson tarafından hormon reseptör (HR) kavramı ortaya atılmıştır (4) İki tip östrojen reseptörü (ER) tanımlanmıştır: ER-alfa (%70) ve ER-beta (%30) (5). Bu reseptörlerin proteinlerinin 6. ve 14. kromozomlar tarafından kodlandığı saptanmıştır. ER-beta pek çok doku tarafından eksprese edilirken, ER-alfa meme- over-uterus ve endometriyumdan eksprese edilir. Klinikte ölçülebilen ER-alfa'dır; beta için henüz klinik olarak geçerli bir ölçüm yöntemi

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laştırmaları yoktur. Uzun süreli takip sonuçları yan etkiler ve sağkalım açısından daha iyi aydınlanmamızı sağlayacaktır.

Postmenopozal hastalarda standart adjuvan endokrin tedavi tamoksifen veya Aİ'dir. Aİ endokrin tedavinin bir parçası olmalıdır (başlangıç, değiştirme, veya uzatılmış adjuvan); maksimum kullanma süresi 5 yıldır (hasta tamoksifen de almışsa toplam endokrin tedavi süresi 5-10 yıldır). Aİ'nin optimum kullanma süresi ve şekli henüz tam bilinmemekle birlikte son yapılan bazı çalışma verilerinden sonra 10 yıla kadar kullanılabilirdiği yönündedir. Seçilmiş düşük riskli hastalarda, veya kas-iskelet sistemi veya kardiyovasküler sistemle ilgili ciddi sağlık sorunları olan hastalarda tamoksifen tek başına kullanılabilir (6,14-20,54). Endokrin tedaviye, hasta KT de alacaksa, KT bittikten sonra başlanmalıdır. RT ile eş zamanlı kullanılmalarında sakınca yoktur.6,8,14 Erkek meme kanserlerinde adjuvan ET ilacı tamoksifendir (6,14-20,54).

İlaçların ideal kullanma sürelerini belirlemeye yönelik çalışmalar devam etmektedir. Gen ekspresyon profillerinin tedavi seçimindeki önemi giderek artmaktadır.

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