BÖLÜM 30

YENİ NESİL ANTİANDROJENLER

Ahmet Kürşad DİŞLİ[1]

GİRİŞ

Prostat kanseri, erkeklerde en sık görülen kanser olup her yıl ABD ve Avrupa'da yaklaşık 100.000 ölüme sebep olmaktadır[1]. Prostat kanseri gelişimi ve ilerlemesi androjen bağımlıdır ve bu nedenle androjen baskılayıcı tedaviler prostat kanseri tedavisinin temelini oluşturmaktadır. Prostat kanseri tedavisinde; kemoterapi, ADT, radyonüklid tedaviler ve hormonoterapi gibi tedavi seçenekleri bulunmaktadır. Bu bölümde prostat kanseri tedavisinde yeni nesil antiandrojen tedavilerden bahsedilecektir.

ABİRATERON ASETAT

Abirateron asetat, testiküler, adrenal ve prostatik tümör dokularında eksprese olan 17 alfa-hidroksilaz/C17,20-liyaz (CYP17) enzimini inhibe ederek in vivo olarak androjen biyosentez inhibitörü olan abiraterona dönüşür[2]. CYP-17 inhibisyonu aynı zamanda adrenal bezler tarafından mineralokortikoid üretmini de arttırmaktadır[3].

Androjene duyarlı prostat kanser tedavisi için androjen düzeylerinin azaltılması gerekmektedir. LHRH analogları, orşiektomi gibi tedaviler testislerde üretilen androjeni azaltmalarına rağmen adrenal bezler ve tümör dokusundaki androjen üretimini etkilememektedir. Bu nedenle bu tedavilerle birlikte abirateron asetat tedavisinin uygulanması serum testesteron düzeylerini düşürmektedir[4].

Metastatik kastrasyon duyarlı prostat kanserinde (mKDPK) yeni tanı almış yüksek riskli hastalarda abirateron asetat+prednizonun, plasebo ile karşılaştırıldığı randomize çift kör faz 3 LATITUDE çalışmasına 34 ülkeden 235 merkez

[1] Uzm. Dr., Erciyes Üniversitesi Tıp Fakültesi Tıbbi Onkoloji BD ahmetkursad@erciyes.edu.tr

terapiye kadar geçen süre ve semptomatik iskelet olayına kadar geçen süre olmak üzere tüm sekonder sonlanım noktalarında fayda sağlanmıştır[20].

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