

## Bölüm 3.7.1

# HORMON DUYARLI METASTATİK PROSTAT KANSERİ TEDAVİSİ

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## GİRİŞ

Hormona duyarlı metastatik prostat kanserinde (HDMPK) bazı hastalar lokalize hastalığın definitif tedavisi sonrası metastaz ile başvururken, bazı hastalarda ise tanı anında metastatik hastalık bulunmaktadır. Hastaların serum testosterone seviyeleri tipik olarak >50 ng/dl'dir.

Androjenlerin prostat kanseri büyümeyi uyarmadaki kritik rolü 1941 yılında Huggins ve Hodges (1) tarafından belirlenmiş ve ilerlemiş prostat kanserli hastalarda androjen eksikliği tedavisinin (ADT) geliştirilmesini sağlamıştır. Başlangıçta hastaların %90-95'inde ADT'ye yanıt alınsa da 24-36 ay içerisinde hastalık kastrasyon dirençli hale gelmektedir. Yeni tanı metastatik prostat kanserli hastaların yalnız ADT ile ortalama sağkalımı 42 aydır (2). Yeni çalışmalarla, ADT ile kombinasyon療法ının sağkalımı uzatma, komplikasyonları en aza indirme ve yaşam kalitesini korumada tek başına ADT'ye göre katkısı gösterilmiştir. Abirateron, doasetaksel, ve ikinci nesil antiandrojenler (enzalutamid ve apalutamid) ile birlikte ADT gibi kombinasyon療法 HDMPK'si olan erkekler için artık tercih edilen bir yaklaşım haline gelmiştir.

## PROGNOSTİK FAKTORLER

Metastatik hastalığın heterojen olması nedeni ile sağkalım süreleri oldukça değişkenlik göstermektedir. Yapılan çalışmalarla tanı anında metastatik hastalı-

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