

Bölüm 11

LOKAL İLERİ KOLON KANSERİNDE NEOADJUVAN KEMOTERAPİNİN ROLÜ

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GİRİŞ

Kolon kanseri (KK) en sık görülen malignitelerden biridir. Dünya çapında en yaygın dördüncü kanserden ölüm nedenidir (1). Hastaların %20-30'unda lokal ileri kolon kanseri (LİKK) saptanmakta ve rekürrensi engellemek amaçlanmaktadır (2).

Yüksek riskli evre II KK, barsak tıkanıklığı ya da perforasyonu olan N0/M0, muskularis propria ötesinde 5 mm'ten fazla tümör invazyonu, peritümöral veya lenfovasküler tutulum, kötü diferansiye tümörler veya incomplete lenfadenektomi yapılan T3 veya T4 tümörleri olarak tanımlanır (3). Yüksek riskli Evre II ve III KK ise (T1-4/N1-2/M0) yaygın olarak LİKK olarak bilinir (4).

LİKK'nin cerrahi tedavisinde kür rezeksiyon (R0) elde etmek için multiorgan rezeksiyonları uygulanmaktadır. Bu tür agresif rezeksiyonlara rağmen, LİKK'de R0 elde etme oranı %40 ila %90 arasında değişmektedir ve 5 yıllık sağkalım %28 ila %73 arasında değişmektedir. %20-30 lokal veya uzak nüks riskine sahip olan bu tedavi stratejisinin, tümörün lokorejyonel yayılma riskini önlemede başarısız olduğu gösterilmiştir (5).

Bu başarısızlık için bir dizi faktör öne sürülmüştür. Bunlar, kemoterapinin gecikmiş başlangıcını (ilk tanıdan sonraki dört aydan sonra), kemoterapisiz bu dönemde kolorektal metastazların çoğalmasını, cerrahi ile tümörün ilerlemesine neden olan büyüme faktörlerinin uyarılmasını ve postoperatif dönemde indüklenen immünsüpresyon nedeniyle cerrahi bölgede mikrometastazların büyümesini ve ilerlemesini içerir.

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SONUÇ

LİKK olgularında NAK az sayıda uygulanmış olup şu ana kadar olumlu sonuçlar alınmıştır. Yapılan çalışmalardaki ortak fikir birliği ise mevcut veriler ışığında NAK'nin güvenle uygulanabileceği ve cerrahi kür imkanını arttıracacağı yönündedir.

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