



# BÖLÜM 19

## Non-Metastatik Kastrasyona Dirençli Prostat Kanseri Tedavisi

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### GİRİŞ

Dünyada her yıl yaklaşık 1,6 milyon yeni prostat kanseri tanısı konulmakta ve yılda 366 bin kişi bu hastalıktan ölmektedir(1). Prostat kanserine bağlı ölümler tüm kansere bağlı ölümler içinde 2. sırayı almaktadır(2). Prostat kanserine bağlı ölümler son yıllarda azalmıştır. Bunun sebebi prostat spesifik antijen (PSA) taramaları ile daha erken evrede hastalara tanı konulması ve daha etkili ilaçların bu hastalarda kullanıma girmesine bağlanmaktadır(3). Bu hastalığın androjen bağımlı olduğunun saptanmasından sonra, ilerlemiş hastalığı olan hastalarda androjen deprivasyon tedavisi (ADT) başrolü üstlendi(4) ve cerrahi kastrasyona göre daha çok tercih edilmeye başlandı. Ne yazık ki hastalar başlangıçta ADT'ye yanıt vermelerine rağmen, yaklaşık 5 yıl içinde bu grup ilaçlara direnç gelişmekte ve hastalar kastrasyona dirençli hale gelmektedir(5). Kastrasyon dirençli prostat kanseri tanımı prostat kanseri çalışma grubu (prostate cancer working group- PCWG) 3 tarafından yapıldı. Bu tanıma göre kastrasyon dirençli prostat kanseri; testosterone seviyesi 50 ng/dl'nin altında iken; PSA değeri 2 ng/dl' nin üzerinde olmak koşulu ile bir hafta ara ile ölçülen üç PSA değerinden ikisinde %50'den fazla artışı olması şeklinde belirlendi(6).

Androjenlerin hem metabolik hem de anabolik etkileri bulunmaktadır. Bu etkilerini androjen reseptörlerine (AR) bağlanarak gösterirler(7). AR'nın; ligand bağlama, DNA bağlama ve bunların dışında fosforilasyon bölgeleri bulunmaktadır. Bir ligand AR'üne bağlandığı zaman reseptör stoplazmadan hücre çekirde-

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nmCRPC tedavisinde hangi ilacın seçileceği karar, takip eden doktorun tecrübesine kalmaktadır.

## KAYNAKLAR

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