8.
BÖLÜM

MEDÜLLER TİROİD KARSİNOMU TEDAVİSİ

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ÖZET

Medüller tiroid karsinomu (MTK), tiroid C hücrelerinden kaynaklanan nadir bir tümör türüdür ve tüm malign tiroid neoplazilerinin %2-4'ünü oluşturur. Hem metastaz yapma oranının yüksek olması hem de prognozunun kötü olması nedeniyle iyi differansiye tiroid kanserlerinden ayrılır. MTK sporadik veya herediter olarak oluşabilir, MEN 2 sendromunun bir parçası olabilir. RET (REarranged during Transfection) proto-onkogenindeki germline mutasyonlar kalıtsal tip MTK'ne neden olurken, sporadik MTK'nde somatik RET mutasyonları ve daha az sıklıkla RAS mutasyonları tanımlanmıştır. MTK'nin temel tedavisi cerrahidir, metastatik hastalıkta kemoterapi ilaçlarının kullanımı sınırlıdır. Sistemik tedavilerdeki son gelişmelere rağmen, metastatik MTK'nin yönetimi halen zorlayıcı olmaya devam etmektedir. Multikinaz inhibitörleri (MKI), vandetanib ve cabozantinib, progresif veya semptomatik MTK tedavisi için onaylanmış ve progresyonsuz sağkalım katkısı göstermiştir. Son zamanlarda, yeni nesil küçük moleküllü Tirozin Kinaz İnhibitörleri (TKI) geliştirilmiştir. Bu TKI'ların yüksek potensi ve seçici olarak onkojenik RET alterasyonlarını hedeflenmesi, onları ümit verici ilaçlar haline getirmiştir. İmmunoterapi çalışmaları MTK tedavisinde yeni silahlar elde etmek için umut vaad ederken bu bölümde MTK patogenezinde yer alan hücre içi sinyal yollarının yanı sıra metastatik MTK yönetimindeki terapötik yaklaşımlardan bahsedilmektedir.

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