



# Bölüm 39

## Wilms Tümörü

Cenk UMay<sup>1</sup>

### Epidemiyoloji ve Risk Faktörleri

Wilms tümörü (WT) çocuklarda en sık görülen abdominal tümör olup çocukluk çağı tümörlerinin %5'ini oluşturur. Genellikle 5 yaş altında tanı alır. Böbreğin medullasından ya da korteksinden köken alabilmektedir. Parankim genellikle salim olarak gözlenir(1). Bilateral WT genellikle 3 yaş altı gibi daha küçük yaşlarda tanı almaktadır ve WT vakalarının %5 kadarını oluşturmaktadır(2).

WT'li çocukların yaklaşık %5'inde bu hastalığın oluşmasına zemin hazırlayan genetik nedenler saptanmıştır. Bunlardan en başlıcaları WT-1(WT1) geninde yapısal mutasyonlar ve de kromozom 11p15'te saptanan epigenetik hasarlanmalardır. Son bir kaç dekatta bu konuda sürdürülegelen çalışmalar sonucunda WT oluşumundan somatik abnormalitelerin sorumlu olduğu görülmüştür. En önemli 5 lokasyonda saptanan mutasyonlar *WT1*, *CTNNB1*, *WTX*, *TP53*ve de 11p15 kromozomunun *H19/IGF2* lokusunda konuşlanmış epigenetik hasarlanmalardır. Bu mutasyonların birbirleri ile belirgin derecede ilişkileri olduğu saptanmıştır. Ve de 11p15 hasarının, WT oluşumunda %50-75 oran

ile en fazla saptanan anomali olduğu gösterilmiştir(3). National Wilms Tumor Study Group (NWTs)-5 çalışmasında kromozom 16'nın uzun kolunda (16q) ve kromozom 1'in kısa kolunda (1p) heterozigosite kaybının (Loss of Heterozygosity-LOH) daha kötü prognoza işaret ettiği 200'den fazla çocuk üzerinde değerlendirilmiş ve evre 1ve 2 'de bu kromozomlardan herhangi birinde LOH varlığının evre 3-4 hastalara kıyasla yüksek hastalık relaps oranı ile direkt ilişkili olduğu gösterilmiştir(4).

Çok fazla sayıda sendrom, konjenital anomali ve kromozom yapısal hasarlanmasının WT oluşması ile ilişkili olduğu saptanmıştır. WT'li hastaların %8'inde kongenital bozukluklar ve de %17'ye varan oranında Sendrom ilişkisi saptanmıştır (5).

WAGR Sendromu, bu sendromlar arasında ilk akla gelenidir. Bu sendrom WT1 geni ile ilişkili, tanımlı ilk sendromdur. WT1 geni 11p13 kromozomunda konumlanır. WAGR sendromu; WT varlığı ile birlikte tam ya da parsiyel aniridi, belirsiz dış genital organlarla ya da kriptoorşidizm ile karakterize genitoüriner malformasyonlar ve kendini genellikle entellektüel yetersizlik olarak

<sup>1</sup> Dr. Öğr. Üyesi Cenk UMay, Dokuz Eylül Üniversitesi Tıp Fakültesi Radyasyon Onkolojisi AD., umaycenk@gmail.com

## Kaynaklar

1. Cost NG, Lubahn JD, Granberg CF, et al. Pathological review of Wilms tumor nephrectomy specimens and potential implications for nephron sparing surgery in Wilms tumor. *J Urol* 2012;188(4 Suppl):1506-10.
2. Breslow N, Olshan A, Beckwith JB, et al. Epidemiology of Wilms tumor. *Med Pediatr Oncol* 1993;21(3):172-81.
3. Scott RH, Murray A, Baskcomb L, et al. Stratification of Wilms tumor by genetic and epigenetic analysis. *Oncotarget* 2012;3(3):327-35.
4. Grundy PE, Breslow NE, Li S, et al. Loss of heterozygosity for chromosomes 1p and 16q is an adverse prognostic factor in favorable histology Wilms tumor: a report from the National Wilms Tumor Study Group. *J Clin Oncol.* 2005;29:7312-21.
5. Narod AS, Hawkins MM, et al. Congenital anomalies and childhood cancer in great Britain. *Am. J. Hum. Genet.* 1997;60:474-485.
6. Breslow NE, Norris R, Norkool PA, et al. Characteristics and outcomes of children with the Wilms tumor-aniridia syndrome: a report from the National Wilms Tumor Study Group. *J Clin Oncol* 2003;21:4579-85.
7. Eddy AA, Mauer SM. Pseudohermaphroditism, glomerulopathy, and Wilms tumor (Drash syndrome): frequency in end-stage renal failure. *J Pediatr* 1985;106:584-7.
8. Koufos A, Grundy P, Morgan K et al. Familial Wiedemann-Beckwith Syndrome and a Second Wilms Tumor Locus Both Map to 11p15.5. *Am. J. Hum. Genet.* 1989;44:711-9.
9. Beckwith JB, Palmer NF. Histopathology and prognosis of Wilms tumors: results from the First National Wilms' Tumor study. *Cancer* 1978;41:1937-48.
10. Faria P, Beckwith JB, Mishra K, et al. Focal versus diffuse anaplasia in Wilms tumor-new definitions with prognostic significance: a report from the National Wilms Tumor Study Group. *Am J Surg Pathol* 1996;20:909-20.
11. Dome JS, Cotton CA, Perlman EJ, et al. Treatment of anaplastic histology Wilms' tumor: results from the fifth National Wilms' Tumor Study. *J Clin Oncol* 2006;24:2352-8.
12. Szycho E, Apps J, Pritchard-Jones K. Wilms' tumor: biology, diagnosis and treatment. *Transl Pediatr.* 2014;3(1):12-24.
13. Green DM. Wilms' tumor. *Eur J Cancer.* 1997;33:409-18.
14. Irtan S, Jitlal M, Bate, J., et al. Risk factors for local recurrence in Wilms tumor and the potential influence of biopsy – the United Kingdom experience. *Eur. J. Cancer*,2015;51(2): 225-32.
15. Perlman EJ. Pediatric renal tumors: practical updates for the pathologist. *Pediatr Dev Pathol* 2005;8(3):320-38.
16. Cassidy JR, Jaffe N, Paed D, et al. The increasing importance of radiation therapy in the improved prognosis of children with Wilms' tumor. *Cancer.* 1977;39:825-9.
17. Farewell VT, D'Angio GJ, Breslow N, et al. Retrospective validation of a new staging system for Wilms' tumor. *Cancer Clin Trials* 1981;4:167-71.
18. Weeks DA, Beckwith JB, Luckey DW. Relapse-associated variables in stage I favorable histology Wilms' tumor. A report of the National Wilms' Tumor Study. *Cancer* 1987;60:1204-12.
19. Kalapurakal JA, Li SM, Breslow NE, et al. Intraoperative spillage of favorable histology Wilms tumor cells: influence of irradiation and chemotherapy on abdominal recurrence - a report from the National Wilms Tumor Study Group. *Int J Rad Oncol Biol Phys.* 2010;76:201-6.
20. Constine LS, Tarbell, NJ, Halperin EC eds. *Pediatric Radiation Oncology* 6th edition Philadelphia, PA: Wolters Kluwer; 2016: 294-330.
21. Shamberger RC, Guthrie KA, Ritchey ML, et al. Surgery-related factors and local recurrence of Wilms tumor in National Wilms Tumor Study 4. *Ann Surg* 1999;229:292-7.
22. D'Angio GJ, Evans AE, Breslow N, et al. The treatment of Wilms' tumor: results of the National Wilms' Tumor Study. *Cancer.* 1976;38:633-46.
23. D'Angio GJ, Evans A, Breslow N, et al. The treatment of Wilms' tumor: results of the second National Wilms' Tumor study. *Cancer* 1981;47:2302-11.
24. D'Angio GJ, Breslow N, Beckwith JB, et al. Treatment of Wilms' tumor. Results of the third National Wilms' Tumor study. *Cancer* 1989;64:349-360.
25. Green DM, Breslow NE, Beckwith JB, et al. Comparison between single-dose and divided-dose administration of dactinomycin and doxorubicin for patients with Wilms' tumor: a report from the National Wilms' Tumor Study Group. *J Clin Oncol* 1998;16:237-45.
26. Seibel NL, Li S, Breslow NE, et al. Effect of duration of treatment on treatment outcome for patients with clear-cell sarcoma of the kidney: a report from the

- National Wilms' Tumor Study Group. *J Clin Oncol* 2004;22:468-73.
27. Shamberger RC, Anderson JR, Breslow NE, et al. Long-term outcomes for infants with very low risk Wilms tumor treated with surgery alone in National Wilms Tumor Study-5. *Ann Surg* 2010;251:555-8.
  28. Daw NC, Anderson JR, Hoffer FA, et al. A phase 2 study of vincristine and irinotecan in metastatic diffuse anaplastic Wilms tumor: results from the Children's Oncology Group AREN0321 study. *J Clin Oncol*. 2014; ASCO Annual Meeting Abstracts;32(15 suppl).
  29. Fernandez CV, Perlman D, Mullen EA, et al. Clinical outcome and biological predictors of relapse following nephrectomy only for very low risk Wilms tumor (VLRWT): a report from the Children's Oncology Group AREN0532 study. *J Clin Oncol*. 2015; ASCO Annual Meeting Abstracts;33(15 suppl).
  30. Dix DB, Fernandez CV, Chi YY, et al. Augmentation of therapy for favorable-histology Wilms tumor with combined loss of heterozygosity of chromosomes 1p and 16q: a report from the Children's Oncology Group AREN0533 study. *J Clin Oncol*. 2015; ASCO Annual Meeting Abstracts;33(15 suppl)
  31. Ehrlich P, Chi YY, Chintagumpala MM. Results of the First Prospective multi-institutional treatment study in children with bilateral Wilms tumor (AREN0534): A report from the Children's Oncology Group *Ann Surg* 2017;266(3):4708.
  32. Kalapurakal JA, Li SM, Breslow NE, et al. National Wilms' Tumor Study Group Influence of radiation therapy delay on abdominal tumor recurrence in patients with favorable histology Wilms' tumor treated on NWTS-3 and NWTS-4: a report from the National Wilms' Tumor Study Group. *Int J Radiat Oncol Biol Phys* 2003;57:495-9.
  33. Merchant TE, Kortmann RD. *Pediatric Radiation Oncology* Springer International Publishing Switzerland 2018 p:111-30.
  34. Kalapurakal JA, Zhang Y, Kepka A, et al. Cardiac-sparing whole lung IMRT in children with lung metastasis. *Int J Radiat Oncol Biol Phys* 2013c;85:761-7.
  35. Lemerle J, Voute PA, Tournade MF, et al. Preoperative versus postoperative radiotherapy, single versus multiple courses of actinomycin D, in the treatment of Wilms'tumor. *Cancer*. 1976;38: 647-54.
  36. Lemerle J, Voute PA, Tournade MF, et al. Effectiveness of preoperative chemotherapy in Wilms'tumor: results of an International Society of Pediatric Oncology (SIOP) clinical trial. *J Clin Oncol*. 1983;1:604-10.
  37. Tournade MF, Corn-Nougue C, de Kraker J, et al. International Society of Pediatric Oncology Nephroblastoma Trial and Study Committee Optimal duration of preoperative therapy in unilateral and nonmetastatic Wilms' tumor in children older than 6 months: results of the Ninth International Society of Pediatric Oncology Wilms' Tumor Trial and Study. *J Clin Oncol* 2001;19:488-500.
  38. Tournade MF, Corn-Nougue C, de Kraker J, et al. Optimal duration of preoperative therapy in unilateral and nonmetastatic Wilms'tumor in children older than 6 months: results of the ninth International Society of Pediatric Oncology Wilms'Tumor Trial and Study. *J Clin Oncol*. 2001;19:488-500.
  39. De Kraker J, Graf N, van Tinteren H, et al. Reduction of postoperative chemotherapy in children with stage I intermediate risk and anaplastic Wilms'tumor (SIOP 93-01): a randomized trial. *Lancet*. 2004;364:1229-35.
  40. Ritchey ML, Green DM, Thomas PR, et al. Renal failure in Wilms' tumor patients: a report from the National Wilms' Tumor Study Group. *Med Pediatr Oncol* 1996;26:75-80.