



BÖLÜM 4

Gastrointestinal Sistem Kanserlerinin Tedavisinde İlaç Direncinin Moleküler Mekanizmaları

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Giriş

Tüm dünyada kardiyovasküler hastalıklardan sonra en sık görülen ve yaşam süresini azaltan hastalık kanserdir. Erkeklerde akciğer ve prostat kadınlarda ise meme kanserinden sonra görülen kansere bağlı ölümler sıklıkla özofagus, mide, kolorektal, karaciğer ve pankreas dahil olmak üzere gastrointestinal kanaldan kaynaklanan kanserler nedeni ile olmaktadır (1, 2). Cerrahi, radyasyon tedavisi, kemoterapi, kombinasyon tedavisi ve lazer tedavisi gibi yaygın kanser tedavilerine ek olarak, biyoloji ve moleküler genetiğin daha iyi anlaşılmasına dayanan seçici tedaviler tümör progresyonunu önlemek için umut verici görünmektedir (3).

Gastrointestinal kanserler için de temel tedavi stratejisi cerrahi rezeksiyon olmakla birlikte, rezeke edilemeyen veya tekrarlayan hastalığı olan hastalarda, radyoterapi ve ke-

moterapi öncelikli tedavi seçenekleri olarak karşımıza çıkmaktadır (2). Ayrıca hedefe yönelik tedaviler ve immünoterapi, gastrointestinal kanser hastalarının sağ kalımını arttırmak için yakın zamanda geliştirilmiş alternatiflerdir (3). Ancak ileri evre GİS kanserli hastaların çoğu söz konusu tedavi yöntemlerine dirençlidir ve bu nedenle hayatta kalma oranları düşüktür. Günümüzde tedavi yöntemlerinde sağlanabilen ilerlemelere rağmen kanser tedavisinde yine de umut vadeden bir seçenek olan kemoterapiye karşı oluşan direncin birden çok moleküler temele dayandığını söylemek mümkündür (4).

Tümörlerde ilaç rezistansı, intrinsek (primer) veya adaptif (sekonder) nedenlerle olabilir ve aşağıdaki mekanizmalardan biri veya birkaçı tarafından oluşturulabilir;

1. Hücre içi ilaçların etkili konsantrasyonunun azalması,

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Ancak cerrahi tedavi görme şansı olmayan hastalar için kapsamlı tedavinin nihai hedefi, sağkalımı uzatmak ve yaşam kalitesini yükseltmektir. Yeni kemoterapi ilaçlarının geliştirilmesi, hedefe yönelik ilaçlar, immünoterapilerin geliştirilmesi sayesinde daha kapsamlı ve kişiselleştirilmiş bir teşhis ve tedavi stratejisi uygulayarak hastalara daha iyi klinik fayda sağlanabilecektir.

Kemoterapide direnç sorununu çözmek her ne kadar ulaşılamaz bir hedef gibi görünüyorsa da kanser araştırmacılarının moleküler satranç oynamayı öğrenmesi ve belki de bir sonraki hamleye hazırlanabileceği çalışmaların hızla devam etmesi ile üstesinden gelenebilir hal alacak ve daha yüz güldürücü tedavi olanakları ortaya konacaktır.

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