Bölüm
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METASTATİK MALİGN MELANOM TEDAVİSİNDE İMMÜNOTERAPİ

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GİRİŞ

Cilt kanserlerinin en agresif ve ölümcül formu olan malign melanom, Amerika Birleşik Devletleri'nde (ABD) kadın ve erkeklerde görülen en sık beşinci kanser türüdür ve insidansı yaşla birlikte artmaktadır. Malign melanom 2018 yılında tahmini olarak 91.000 yeni tanı ve 9.300 ölüme sebep olmuştur (Siegel, Miller, & Jemal, 2019). Bu hastalarda sağkalım oranları hastalığın evresine göre farklılık göstermektedir ve hastalık evresi sıfırdan dörde kadar değişmektedir. Erken evre hastalıkta uzun süreli hastalıksız sağkalım ve tedavi ile kür sağlanabilirken, ileri evre hastalığı olanlarda metastatik hastalık geliştirme olasılığı artmaktadır (Balch et al., 2001).

İnvaziv kutanöz melanoma; yüzeyel yayılan, nodüler, akral ve lentigo malign melanoma olmak üzere dört ana tipe ayrılmaktadır. Tüm melanomların yaklaşık yüzde 70'ini oluşturan yüzeyel yayılan malign melanom en yaygın histolojik alt tiptir. Yüzeyel yayılan malign melanomların büyük çoğunluğu tanı anında ≤ 1 milimetredir ve çoğunlukla bu evrede kür sağlanabilmektedir (Lasithiotakis et al., 2006).

Tümör kalınlığı, ülserasyon, mitotik aktivite ve evre önemli prognostik faktörlerdir (Bartlett & Karakousis, 2015). Elli yaşından büyük olmak kötü prognoz ile ilişkilidir ve insidans erkeklerde kadınlara göre iki katına çıkmaktadır. Malign melanom 15-39 yaşları arasında kadınlarda daha sık görülmektedir (Guy Jr et al., 2015).

Çoğu malign melanom vakası, cerrahi eksizyonun küratif olabileceği erken bir aşamada tanı almaktadır. Bununla birlikte hastaların az bir kısmında tanı anında

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larına ek olarak genellikle iyi tolere edilen ajanlardır. İmmünoterapi ajanlarının spesifik yan etkileri vardır ve bu yan etkilerin erken saptanması hayat kurtarıcı olabilir. İleri evre melanom hastalarında immünoterapi kullanımı giderek artmaktadır. İmünoterapinin adjuvan tedavideki rolünü değerlendirmek için çalışmalar devam etmektedir.

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