

Bölüm 27

MESANE KANSERİNDE İMMÜNOTERAPİ

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GİRİŞ

Mesane kanseri dünyada dokuzuncu sıklıkta görülen üriner sistemin en sık malignitesidir(1,2). Amerika ve Batı Avrupa’da baskın histolojik tip ürotelyal (transisyonal) karsinom iken, Orta Doğuda schistosomiazisin neden olduğu non-ürotelyalsubtip daha sık görülmektedir.

Hastaların %25’de muskuler tabaka invaze hastalık yada metastatik evre hastalık ile tanı almaktadır. Lokal ileri yada metastatik ürotelyal malignitelerde standart tedavi sistemik kemoterapidir. Çoklu ajanlı kemoterapi rejimlerine yanıt oranları yüksek olmasına rağmen ortalama beklenen sağ kalım 15 aydır (3,4). İkinci sıra tedavide kemoterapinin etkinliği düşüktür, inisiyal sistemik kemoterapi sonrası progrese hastada immün checkpoint inhibitörleri alternatif tedavi seçeneği sunmaktadır.

PROGNOSTİK FAKTÖRLER

Klinik Faktörler:

Viseral metastaz varlığı ve kötü performans durumu sağ kalımı kısaltan faktörlerdir. Kemik yada karaciğer metastazı varlığının İntergroup çalışmasında tedaviye kötü cevap prediktörü olduğu ve daha kısa sağ kalım ile ilişkili olduğu gösterilmiştir (5).

Moleküler Faktörler:

Fibroblast büyüme faktör reseptörü (FGFR) 3 ve 2 genetik alterasyonu, platin bazlı kemoterapi sonrası progrese hastalarda kullanılan FDGR inhibitörü olan erdanifitibe olan cevabı predikte ettiği gösterilmiştir (6).

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SONUÇ

Metastatik ürotelyal karsinomda iyi performans statuslu, renal fonksiyonları normal hastalara birinci basamak tedavide önerilen tedavi sisplatin bazlı kemoterapi rejimleridir. Sisplatin bazlı tedavi alamayacak medikal olarak fit olan hastalara karboplatin bazlı ve platin içermeyen kombinasyonlar önerilmektedir. Kırılgan ve komorbidesi olan hastalara tek ajan kemoterapiler önerilmektedir. Metastatik hastalıkta birinci basamakta immünoterapi ajanları ile ilgili karşılaştırmalı faz 3 çalışma bulunmamasına rağmen faz 2 çalışmalarla kullanımı ve tolerabilitesi kanıtlanmıştır (18,19).

Metastatik birinci basamakta kullanılan immünoterapi ajanlarının toksisitesi sisplatin sonrası kullanılanlarla benzerdir.

Platin bazlı kemoterapi rejimleri sonrası progrese eden hastalara PD-1 ve PD-L1 yollağını hedefleyen immun checkpoint inhibitörleri önerilen tedavi seçeneğidir. Atezolizumab, nivolumab, durvalumab, avelumab ve pembrolizumabın etkinliğini birebir karşılaştıran klinik çalışma yoktur.

Fibroblast büyüme faktör reseptörü (FGFR) 2 ve 3 genetik alterasyonu taşıyan lokal ileri yada metastatik ürotelyal karsinomlu hastada platin bazlı kemoterapi sonrası FGFR inhibitörü olan erdafitinib FDA tarafından onay almıştır.

Anahtar Kelimeler: mesane kanseri, immünoterapi, ürotelyal karsinom

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