

Bölüm 28

RENAL HÜCRELİ KARSİNOMDA İMMUNOTERAPİ

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Renal hücreli karsinom (RCC) tüm kanserlerin %2.2' sini oluşturmaktadır¹. RCC renal korteksten köken alır ve en sık görülen böbrek tümörüdür. RCC alt tipleri arasında clear cell karsinom en yaygın görülen alt tiptir. Cerrahi rezeksiyon lokalize ve lokal ileri RCC için standart tedavidir. Lokalize RCC' de cerrahi küratif olmasına rağmen birçok hastada nüks görülebilir. Ayrıca RCC' nin klinik olarak sessiz olması nedeniyle tanı sırasında hastalık genellikle lokal ileri, inoperabl veya metastatik olarak saptanır. Lokal ileri veya metastatik RCC' li hastalar için hastalığın seyri; klinik, patolojik, laboratuvar, radyografik özellikler ve tedaviye yanıtı bağlı olarak birkaç aydan yıllara kadar değişebilir. İlerlemiş hastalığı olan hastalar için tedavi seçiminde prognostik risk faktörleri göz önünde bulundurulmalıdır. Uluslararası Metastatik Renal Hücreli Karsinom Veritabanı Konsorsiyumu prognostik modeli altı olumsuz faktörü birleştirmektedir (Tablo.1)². Bu risk faktörlerinden hiçbirine sahip olmayan hastalar iyi risk, bir ya da iki risk faktörüne sahip olan hastalar orta risk ve üç ya da daha fazla risk faktörüne sahip olan hastalar kötü risk olarak kabul edilir.

Çoğu hastada Evre IV, metastatik veya lokal ileri hastalık olduğunda derhal sistemik tedavi başlanır. Bununla birlikte, sınırlı hastalık yükü olan ve kötü prognostik özellikleri olmayan birçok asemptomatik hasta için, yakın aktif gözlem, hastalık progresyonu belgelenene kadar tedavinin başlamasını ve eşlik eden toksisitesini ertelemek için bir alternatif olabilir³.

RCC' nin moleküler patogenezinin anlaşılması ile; son on yılda, moleküler hedefli tedavilerin ortaya konması, mRCC hastalarının sonuçlarını büyük ölçüde

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