

Bölüm 29

PROSTAT KANSERİNDE İMMUNOTERAPİ

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GİRİŞ

Prostat kanseri 2018 Dünya Sağlık Örgütü verilerine göre dünya genelinde erkeklerde 2. en sık görülen kanserdir ve yine erkeklerde kansere bağlı ölümlerin 2. en sık nedenidir⁽¹⁾. Ülkemiz verilerine baktığımızda prostat kanseri dünya geneli verilerine benzer şekilde erkeklerde 2. sıklıkta görülmektedir ve erkek kanserlerinin %13'ünü oluşturmaktadır⁽²⁾. Prostat kanseri batılı toplumlarda daha sık görülmekte olup insidansı yaşla birlikte artmaktadır⁽³⁾. Prostat kanseri insidans / mortalite oranı 8:1 olup hastalığa bağlı ölüm oranının düşük olduğunu göstermektedir ve prostat kanseri tanılı hastaların çoğu kanser dışı nedenlerle ölmektedir. Prostat kanseri 65-74 yaş arası pik yapmakta olup, median tanı yaşı 66'dır. Prostat kanserine bağlı ölümler en sık 75-84 yaş arası olmakta ve median ölüm yaşı 80'dir. Prostat kanseri tanısı konulduğunda hastaların %77'si prostata lokalize, %13'ü bölgesel lenf nodlarına yayılmış ve %6'sı da metastaz yapmış olarak saptanmaktadır. Prostat kanseri tanısı sonrası 5 yıllık sağkalım ortalama %98'dir⁽⁴⁾.

Prostat kanserlerinin %95'den fazlası adenokarsinom histolojisindedir. Adenokarsinom dışında diğer histolojik alt tipler(transizyonel hücreli karsinom, karsinosarkom, bazal hücreli karsinom, lenfoma ve stromal sarkoma vb.) nadir görülmektedir. Prostat adenokarsinom tanısı iğne biopsisinden elde edilen materyalden konulur⁽⁵⁾. Prostat kanserinin nöroendokrin tümörleride bulunmaktadır. Bu grup içinde nöroendokrin differensiasyonlu adenokarsinom, iyi differansiye nöroendokrin tümör, küçük hücreli nöroendokrin karsinom ve büyük hücreli nöroendokrin karsinom yer almaktadır⁽⁶⁾. Prostat biopsisinde adenokarsinom histolojisi saptandıktan sonra Gleason derecelendirme sistemine göre Gleason derecesi belirtilmelidir. Gleason derecesi prostat kanseri hücrelerinin yapısal

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saptanması durumunda aile öyküsünden bağımsız olarak Lynch Sendromu açısından genetik değerlendirme yapılmalıdır⁽⁵⁸⁾.

Pembrolizumab daha önce tedavi almış ve hastalığı ilerlemiş, etkin bir tedavi alternatifi olmayan prostat kanseri dahil dMMR ya da MSI-H metastatik solid tümörlerde Amerikan İlaç Dairesi(FDA) tarafından 2017 yılında onaylanmıştır. Bundan sonraki dönemlerde immün tedavilerle kombinasyon tedavileri ile ilgili sonuçlar beklenmektedir.

Anahtar Kelimeler: İmmün kontrol noktası, Prostat kanseri, Terapötik aşı.

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