

Yaşlanma ve Kanser Fizyolojisi–İmmünolojisi–Genetiği

Serhat ÇETİN¹

Sinan SÖZEN²

GİRİŞ

Yaşlanma, organizmada zaman içinde meydana gelen biyolojik, fizyolojik ve moleküler düzeydeki değişikliklerle karakterize edilen kompleks bir süreçtir. Bu süreç, hücresel düzeyde onarılamayan DNA hasarları, telomer kısalması, mitokondriyal disfonksiyon, epigenetik düzenlemelerde bozulmalar ve hücresel senesans gibi çok sayıda biyolojik mekanizmayı içerir (1). Klinik olarak, yaşlanma ile birlikte bağışıklık sistemi işlevlerinde belirgin azalma (immünosenesans), kronik düşük düzeyli inflamasyon (inflammaging) ve rejeneratif kapasitede azalma ortaya çıkar (2). Kanser, genetik ve epigenetik düzen-sizliklerin bir sonucu olarak hücresel proliferasyonun kontrolsüz hale gelmesiyle gelişen bir hastalık grubudur. Giderek yaşlanan dünya nüfusunda, malignitelerin özellikle 65 yaş üstü bireylerde daha sık görülmesi, yaşlanma ve kanser arasındaki moleküler bağlantıların anlaşılmasını önemli kılmaktadır. Epidemiyolojik veriler, yeni tanı alan solid tümörlerin yaklaşık %60'ının 65 yaş üzeri bireylerde saptandığını göstermektedir (3). Ürolojik kanserler, özellikle prostat, mesane ve böbrek tümörleri yaşlı erkek bireylerde sık karşılaşılan malignitelerdir. Bu bölümde yaşlanma sürecine eşlik eden biyolojik değişimlerin kanser fizyolojisi, immün sistemi ve genetik regülasyon üzerindeki etkileri; ayrıca yaşlı bireylerde ürolojik kanserlerin özel durumu güncel kanıtlar ışığında detaylı olarak ele alınacaktır.

YAŞLANMA BİYOLOJİSİ VE KANSER

Yaşlanmanın moleküler temelleri, özellikle son yıllarda artan genomik, epigenetik ve proteomik çalışmalarla daha iyi anlaşılmaya başlanmıştır. López-Otín ve arkadaşlarının 2013 yılında tanımladığı yaşlanmanın dokuz temel biyolojik işareti (hallmarks of aging): "telomer kısalması, genomik instabilite, epigenetik değişiklikler, kayıp proteostaz, beslenme

¹ Doç. Dr., Gazi Üniversitesi Tıp Fakültesi Üroloji AD., scetin86@yahoo.com, ORCID iD: 0000-0002-2573-3927

² Prof. Dr., Gazi Üniversitesi Tıp Fakültesi Üroloji AD., sinansozen@usa.net, ORCID iD: 0000-0001-5450-5168

KAYNAKLAR

1. López-Otín C, Blasco MA, Partridge L, et al. The hallmarks of aging. *Cell*. 2013;153(6):1194-1217
2. Lash TA, Escobedo MR. Introduction| Clinics in Geriatric Medicine-Volume 34, Issue 3. Elsevier; 2018. p. 17-19.
3. National Cancer Institute. Cancer Stat Facts: Cancer of Any Site. Surveillance E, and End Results (SEER) Program, 2018–2022. [Internet]. Bethesda, MD: National Cancer Institute; 01/07/2025 tarihinde <https://seer.cancer.gov/statfacts/html/all.html> adresinden ulaşılmıştır.
4. Campisi J. Aging, cellular senescence, and cancer. *Annual review of physiology*. 2013;75(1):685-705
5. Coppé J-P, Desprez P-Y, Krtolica A, et al. The senescence-associated secretory phenotype: the dark side of tumor suppression. *Annual review of pathology: mechanisms of disease*. 2010;5(1):99-118
6. Tuxhorn JA, Ayala GE, Smith MJ, et al. Reactive stroma in human prostate cancer: induction of myofibroblast phenotype and extracellular matrix remodeling. *Clinical Cancer Research*. 2002;8(9):2912-2923
7. Montégut L, López-Otín C, Kroemer G. Aging and cancer. *Molecular Cancer*. 2024;23(1):106
8. Yu M, Hazelton WD, Luebeck GE, et al. Epigenetic aging: more than just a clock when it comes to cancer. *Cancer research*. 2020;80(3):367-374
9. Hanahan D, Weinberg RA. Hallmarks of cancer: the next generation. *cell*. 2011;144(5):646-674
10. Taylor BS, Schultz N, Hieronymus H, et al. Integrative genomic profiling of human prostate cancer. *Cancer cell*. 2010;18(1):11-22
11. Yegnasubramanian S, Haffner MC, Zhang Y, et al. DNA hypomethylation arises later in prostate cancer progression than CpG island hypermethylation and contributes to metastatic tumor heterogeneity. *Cancer research*. 2008;68(21):8954-8967
12. Barba I, Carrillo-Bosch L, Seoane J. Targeting the Warburg effect in cancer: where do we stand? *International Journal of Molecular Sciences*. 2024;25(6):3142
13. Motzer RJ, Hutson TE, Tomczak P, et al. Sunitinib versus interferon alfa in metastatic renal-cell carcinoma. *New England Journal of Medicine*. 2007;356(2):115-124
14. Wood EL, Adibi M, Qiao W, et al. Local tumor bed recurrence following partial nephrectomy in patients with small renal masses. *The Journal of urology*. 2018;199(2):393-400
15. Wolfe AR, Prabhakar D, Yildiz VO, et al. Neoadjuvant-modified FOLFIRINOX vs nab-paclitaxel plus gemcitabine for borderline resectable or locally advanced pancreatic cancer patients who achieved surgical resection. *Cancer medicine*. 2020;9(13):4711-4723
16. Weiskopf D, Weinberger B, Grubeck-Loebenstien B. The aging of the immune system. *Transplant international*. 2009;22(11):1041-1050
17. Goronzy JJ, Weyand CM. Mechanisms underlying T cell ageing. *Nature Reviews Immunology*. 2019;19(9):573-583
18. Feng E, Balint E, Poznanski SM, et al. Aging and Interferons: Impacts on Inflammation and Viral Disease Outcomes. *Cells*. 2021;10(3).10.3390/cells10030708
19. Akbar AN, Henson SM. Are senescence and exhaustion intertwined or unrelated processes that compromise immunity? *Nature Reviews Immunology*. 2011;11(4):289-295
20. Franceschi C, Bonafè M, Valensin S, et al. Inflamm-aging: an evolutionary perspective on immunosenescence. *Annals of the new York Academy of Sciences*. 2000;908(1):244-254
21. Dunn GP, Bruce AT, Ikeda H, et al. Cancer immunoediting: from immunosurveillance to tumor escape. *Nature immunology*. 2002;3(11):991-998
22. Nishijima TF, Muss HB, Shachar SS, et al. Comparison of efficacy of immune checkpoint inhibitors (ICIs) between younger and older patients: a systematic review and meta-analysis. *Cancer treatment reviews*. 2016;45:30-37
23. Balar AV, Castellano D, O'Donnell PH, et al. First-line pembrolizumab in cisplatin-ineligible patients with locally advanced and unresectable or metastatic urothelial cancer (KEYNOTE-052): a multicentre, single-arm, phase 2 study. *The Lancet Oncology*. 2017;18(11):1483-1492
24. Martincorena I, Campbell PJ. Somatic mutation in cancer and normal cells. *Science*. 2015;349(6255):1483-1489
25. Vogelstein B, Papadopoulos N, Velculescu VE, et al. Cancer genome landscapes. *Science*. 2013;339(6127):1546-1558
26. Abida W, Cyrta J, Heller G, et al. Genomic correlates of clinical outcome in advanced prostate cancer. *Proceedings of the National Academy of Sciences*. 2019;116(23):11428-11436
27. Abeshouse A, Ahn J, Akbani R, et al. The molecular taxonomy of primary prostate cancer. *Cell*. 2015;163(4):1011-1025

28. Robertson AG, Kim J, Al-Ahmadie H, et al. Comprehensive molecular characterization of muscle-invasive bladder cancer. *Cell*. 2017;171(3):540-556. e25
29. Pal S, Tyler J. Epigenetics and aging. *Sci Adv* 2: e1600584. 2016.
30. Jaiswal S, Fontanillas P, Flannick J, et al. Age-related clonal hematopoiesis associated with adverse outcomes. *New England Journal of Medicine*. 2014;371(26):2488-2498
31. Liu X, Sato N, Shimosato Y, et al. CHIP-associated mutant ASXL1 in blood cells promotes solid tumor progression. *Cancer Science*. 2022;113(4):1182-1194
32. Chan TA, Yarchoan M, Jaffee E, et al. Development of tumor mutation burden as an immunotherapy biomarker: utility for the oncology clinic. *Annals of Oncology*. 2019;30(1):44-56
33. Erbe R, Wang Z, Wu S, et al. Evaluating the impact of age on immune checkpoint therapy biomarkers. *Cell reports*. 2021;36(8)
34. McGrail D, Pilié P, Rashid N, et al. High tumor mutation burden fails to predict immune checkpoint blockade response across all cancer types. *Annals of Oncology*. 2021;32(5):661-672
35. Goodman AM, Kato S, Bazhenova L, et al. Tumor mutational burden as an independent predictor of response to immunotherapy in diverse cancers. *Molecular cancer therapeutics*. 2017;16(11):2598-2608
36. Cristescu R, Mogg R, Ayers M, et al. Pan-tumor genomic biomarkers for PD-1 checkpoint blockade-based immunotherapy. *Science*. 2018;362(6411):eaar3593
37. Wildiers H, Heeren P, Puts M, et al. International Society of Geriatric Oncology consensus on geriatric assessment in older patients with cancer. *Journal of clinical oncology*. 2014;32(24):2595-2603
38. Hurria A, Togawa K, Mohile SG, et al. Predicting chemotherapy toxicity in older adults with cancer: a prospective multicenter study. *Journal of clinical oncology*. 2011;29(25):3457-3465
39. Extermann M, Boler I, Reich RR, et al. Predicting the risk of chemotherapy toxicity in older patients: The Chemotherapy Risk Assessment Scale for High-Age Patients (CRASH) score. *Cancer*. 2012;118(13):3377-3386
40. Ploussard G, Daneshmand S, Efsthathiou JA, et al. Critical analysis of bladder sparing with trimodal therapy in muscle-invasive bladder cancer: a systematic review. *European urology*. 2014;66(1):120-137