

KOLON KANSERİNDE HİPERTERMİK İNTRAPERİTONEAL KEMOTERAPİNİN YERİ

16. BÖLÜM

Edip Erdal YILMAZ¹

ÖZET

Kolorektal kanser, erkeklerde üçüncü, kadınlarda ise ikinci en yaygın kanser nedenidir. Periton, kolorektal kanserli hastalarda ikinci en yaygın metastaz bölgesidir ve tüm nüks vakalarının % 25-35'ini oluşturur. Peritoneal Karsinomatozisli hasta seçimi önemlidir. Hastalığın yayılımını değerlendirmede yaygın olarak kullanılan yöntem peritoneal kanser indeksidir. Tedavi Sitoredüktif cerrahi, HİPEK ya da erken postoperatif intraperitoneal kemoterapi ve sistemik kemoterapidir.

Kolorektal kanser, erkeklerde üçüncü, kadınlarda ise ikinci en yaygın kanser nedenidir. 2034 yılına kadar yaklaşık 2,4 milyon kişiyi etkilemesi beklenmektedir. Periton, kolorektal kanserli hastalarda ikinci en yaygın metastaz bölgesidir ve tüm nüks vakalarının % 25-35'ini oluşturur. Tekrarlayan hastalığı olan hastalar arasında, % 5-10'unda senkron ve % 20-50'si metakron peritoneal karsinomatoz geliştirir (PK).

PK tedavisi, son 15 yılda büyük ölçüde gelişti. Tedavinin amacı tamamen palyatif veya destekleyici olmaktan, seçilmiş hastalarda küratif kabul edilmeye doğru değişmiştir. Sitoredüktif cerrahi (SRC) ve hipertermik intraperitoneal kemoterapi (HİPEK) kombinasyonu 64 aya kadar medyan sağkalım oranlarına ulaşmıştır; periton kanseri indeksi (PKI) ve tam cerrahi sitoredüksiyon (KSRC), bu strateji ile

¹ Uzm. Dr. Edip Erdal YILMAZ, İstanbul Başakşehir Çam ve Sakura Şehir Hastanesi Genel Cerrahi Bölümü, drediperdalyilmaz@gmail.com

hastalarda KSRC yapılabilirse HİPEK önerilmektedir. Her PK hastasında küratif yaklaşım endike değildir. Merkezin deneyimi, uygun hasta seçimi, SRC ve sağ kalım oranlarını etkileyecek önemli faktörlerdir.

KAYNAKLAR

1. Ferlay J, Soerjomataram I, Dikshit R, et al. Cancer incidence and mortality worldwide: sources, methods and major patterns in GLOBOCAN 2012. *Int J Cancer*. 2015;136(5):E359–86.
2. Elferink MAG, de Jong KP, Klaase JM, et al. Metachronous metastases from colorectal cancer: a population-based study in North-East Netherlands. *Int J Colorectal Dis*. 2015;30:205–12.
3. Brodsky JT, Cohen AM. Peritoneal seeding following potentially curative resection of colonic carcinoma: implications for adjuvant therapy. *Dis Colon Rectum*. 1991;34:723–7.
4. Sugarbaker PH. Observations concerning cancer spread within the peritoneal cavity and concepts supporting an ordered pathophysiology. *Cancer Treat Res*. 1996;82:79-100
5. Han T-S, Kong S-H, Lee H-J, Ahn H-S, Hur K, Yu J, et al. Dissemination of free cancer cells from the gastric lumen and from perigastric lymphovascular pedicles during radical gastric cancer surgery. *Ann Surg Oncol*. 2011;18(10):2818-25
6. Canbay E, Mizumoto A, Ichinose M, Ishiashi H, Sako S, Hirano M, Takao N, Yonemura Y. Outcome data of patients with peritoneal carcinomatosis from gastric origin treated by a strategy of bidirectional chemotherapy prior to cytoreductive surgery and hyperthermic intraperitoneal chemotherapy in a single specialized center in Japan. *Ann Surg Oncol*. 2014 Dec;21:1147-1152
7. Sugarbaker PH. Peritonectomy procedures. *Ann Surg* 1995;221:29e42.
8. T.D. Yan, M. Links, S. Fransi, et al., Learning curve for cytoreductive surgery and perioperative intraperitoneal chemotherapy for peritoneal surface malignancy: a journey to becoming a Nationally Funded Peritonectomy Center, *Ann. Surg. Oncol*. 14 (2007) 2270e2280.
9. Klaver YL, Lemmens VE, Creemers GJ, Rutten HJ, Nienhuijs SW, de Hingh IH. Population-based survival of patients with peritoneal carcinomatosis from colorectal origin in the era of increasing use of palliative chemotherapy. *Ann Oncol* 2011;22:2250e6.
10. Sugarbaker PH, Cunliffe WJ, Belliveau J, et al. Rationale for integrating early postoperative intraperitoneal chemotherapy into the surgical treatment of gastrointestinal cancer. *Semin Oncol*. 1989;16(4 Suppl 6):83–97.
11. Sugarbaker PH. Surgical treatment of peritoneal carcinomatosis. *Can J Surg* 1989; 32:164-170.
12. Füzün M, S.kmen S, Terzi C, Canda AE. Cytoreductive approach to peritoneal carcinomatosis originated from colorectal cancer: Turkish experience. *Acta Chir Iugosl* 2006; 53: 17-21.
13. Cavaliere F, De Simone M, Virz. S, Deraco M, Rossi CR, Garofalo A, et al. Prognostic factors and oncologic outcome in 146 patients with colorectal peritoneal carcinomatosis treated with cytoreductive surgery combined with hyperthermic intraperitoneal chemotherapy: Italian multicenter study S.I.T.I.L.O. *Eur J Surg Oncol* 2011; 37: 148-154.

14. Verwaal VJ, van Ruth S, de Bree E, et al. Randomized trial of cytoreduction and hyperthermic intraperitoneal chemotherapy versus systemic chemotherapy and palliative surgery in patients with peritoneal carcinomatosis of colorectal cancer. *J Clin Oncol*. 2003;21(20): 3737–3743.
15. Elias D, Gilly F, Boutitie F, et al. Peritoneal colorectal carcinomatosis treated with surgery and perioperative intraperitoneal chemotherapy: retrospective analysis of 523 patients from a multicentric French study. *J Clin Oncol*. 2010;28(1):63–68.
16. Esquivel J, Lowy AM, Markman M, et al. The American Society of Peritoneal Surface Malignancies (ASPSM) multi-institution evaluation of the peritoneal surface disease severity score (PSDSS) in 1,013 patients with colorectal cancer with peritoneal carcinomatosis. *Ann Surg Oncol*. 2014;21(13):4195–4201.
17. Glehen O, Kwiakowski F, Sugarbaker PH, et al. Cytoreductive surgery combined with perioperative intraperitoneal chemotherapy for the management of peritoneal carcinomatosis from colorectal cancer: a multi-institutional study. *J Clin Oncol*. 2004;22(16):3284–3292.
18. Kuijpers AM, Mirck B, Aalbers AG, et al. Cytoreduction and HIPEC in the Netherlands: nationwide long-term outcome following the Dutch protocol. *Ann Surg Oncol*. 2013;20(13):4224–4230.
19. Bayhan A, Zorluoğlu A, Geçim E, Terzi C. Kolon ve Rektum Kanseri. 307-323, Türk Kolon ve Rektum Cerrahisi Derneği, İstanbul, 2010
20. Cao C, Yan TD, Black D, Morris DL. A systematic review and metaanalysis of cytoreductive surgery with perioperative intraperitoneal chemotherapy for peritoneal carcinomatosis of colorectal origin. *Ann Surg Oncol* 2009; 16: 2152-2165.
21. Terzi C, Yılmaz U, Yakut C, Özbilgin M, Obuz F, Sarıoğlu S, ve ark. Kolorektal kanser kaynaklı peritoneal karsinomatozis olgusunda sitoredüksiyon ve hipertermik intraperitoneal kemoterapi uygulaması ve literatürün gözden geçirilmesi. *Ulus Cerrahi Derg* 2008; 24: 31-39.
22. Elias D, Lefevre JH, Chevalier J, Brouquet A, Marchal F, Classe JM, et al. Complete cytoreductive surgery plus intraperitoneal chemohyperthermia with oxaliplatin for peritoneal carcinomatosis of colorectal origin. *J Clin Oncol* 2009; 27: 681-685.
23. Shen P, Thai K, Stewart JH, Howerton R, Loggie BW, Russell GB, et al. Peritoneal surface disease from colorectal cancer: comparison with the hepatic metastases surgical paradigm in optimally resected patients. *Ann Surg Oncol* 2008; 15: 3422-3432.
24. Quenet F, Goéré D, Mehta SS, Roca L, Dumont F, Hessissen M, et al. Results of two bi-institutional prospective studies using intraperitoneal oxaliplatin with or without irinotecan during HIPEC after cytoreductive surgery for colorectal carcinomatosis. *Ann Surg* 2011; 254: 294-301.