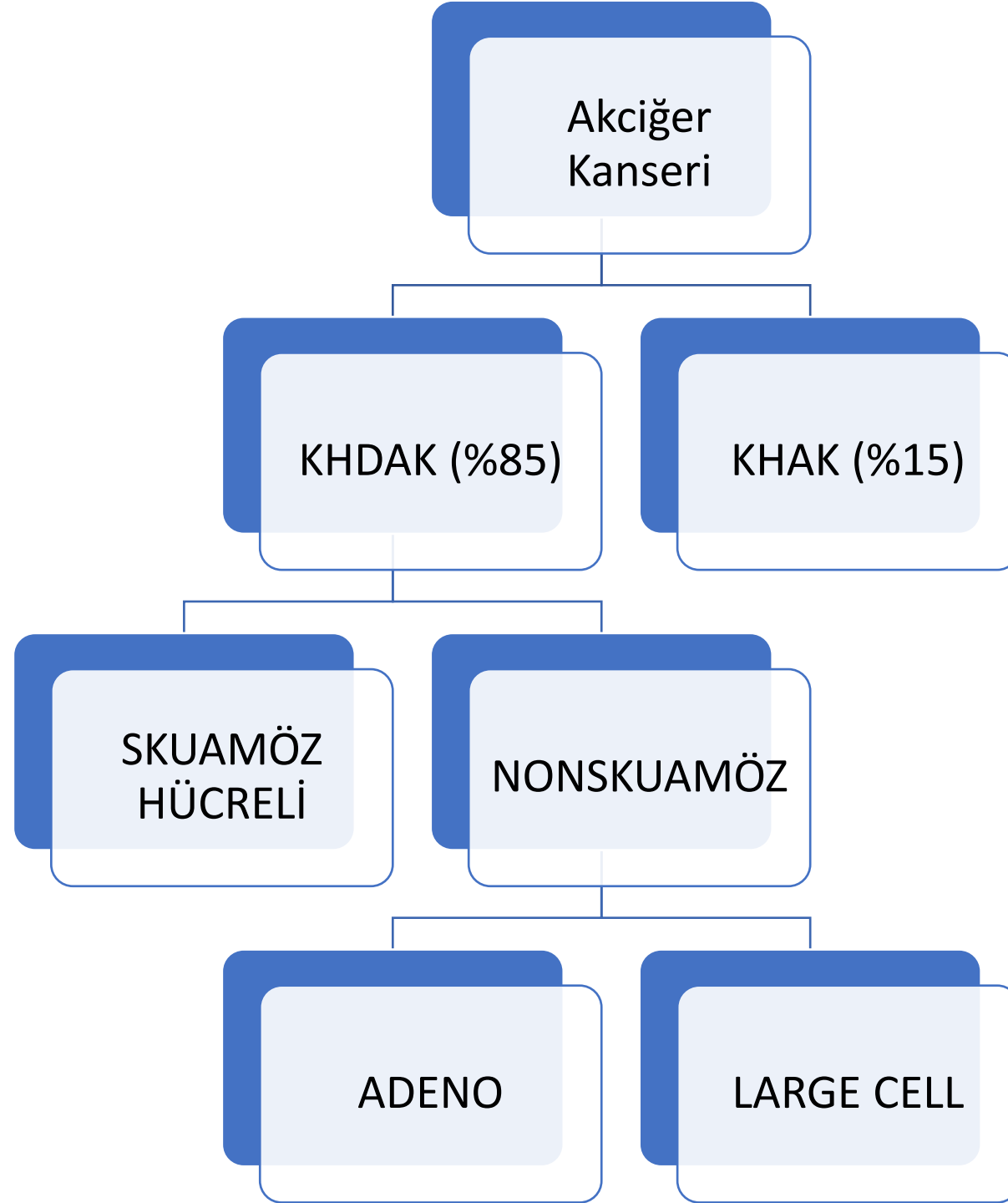


# AKCİĞER KANSERİNDE TEDAVİ

Dr. Ufuk YILMAZ

İzmir, Dr. Suat Seren GHC SUAM

SBU-ASYOD Göğüs Hastalıkları Asistan Buluşmaları, 1.7.2018/İstanbul



# Evreleme Tipleri

**Table 1. Types of Staging Assessments**

Prefix	Name	Definition
c	Clinical	Prior to initiation of any treatment, using any and all information available (e.g. including mediastinoscopy)
p	Pathologic	After resection, based on pathologic assessment
y	Restaging	After part or all of the treatment has been given
r	Recurrence	Stage at time of a recurrence
a	Autopsy	Stage as determined by autopsy

# Rezeksiyon Tipleri

R0

- Rezidü  
tümör yok

R1

- Mikroskopik  
Rezidü  
Tümör Var

R2

- Makroskopik  
Rezidü  
Tümör Var

# Performans Durumu

ECOG 0	Hastalık öncesi gibi tam aktif
ECOG 1	Yorucu işlerde zorlanıyor ancak ayakta ve ev-ofis işlerini yapabilir
ECOG 2	Ayakta, öz bakımını yapabilir ancak diğer işlerde zorlanır, günlük vaktinin %50'den azını dinlenerek geçirir
ECOG 3	Öz bakım yapmakta zorlanır, günlük vaktinin %50'den fazlasını dinlenerek geçirir
ECOG 4	Öz bakımını yapamaz, yatak/sandalyeye bağımlı

# RECIST 1.1

- Tam Yanıt
- Kısmi Yanıt
- Stabil Hastalık
- Progresif Hastalık

[Eur J Cancer. 2009 Jan;45\(2\):228-47. doi: 10.1016/j.ejca.2008.10.026.](#)

## New response evaluation criteria in solid tumours: revised RECIST guideline (version 1.1).

[Eisenhauer EA](#)<sup>1</sup>, [Therasse P](#), [Bogaerts J](#), [Schwartz LH](#), [Sargent D](#), [Ford R](#), [Dancey J](#), [Arbuck S](#), [Gwyther S](#), [Mooney M](#), [Rubinstein L](#), [Shankar L](#), [Dodd L](#), [Kaplan R](#), [Lacombe D](#), [Verweij J](#).

[+](#) Author information

### Abstract

**BACKGROUND:** Assessment of the change in tumour burden is an important feature of the clinical evaluation of cancer therapeutics: both



## HHS Public Access

Author manuscript

*Eur J Cancer*. Author manuscript; available in PMC 2017 December 20.

Published in final edited form as:

*Eur J Cancer*. 2016 July ; 62: 132–137. doi:10.1016/j.ejca.2016.03.081.



## HHS Public Access

Author manuscript

*Lancet Oncol*. Author manuscript; available in PMC 2017 October 19.

Published in final edited form as:

*Lancet Oncol*. 2017 March ; 18(3): e143–e152. doi:10.1016/S1470-2045(17)30074-8.

### iRECIST: guidelines for response criteria for use in trials testing immunotherapeutics

Prof Lesley Seymour, MD,

Canadian Cancer Trials Group, Queen's University, Kingston, ON, Canada

## RECIST 1.1 – Update and Clarification: From the RECIST Committee

**Lawrence H. Schwartz**<sup>1</sup>, **Saskia Litière**<sup>2</sup>, **Elisabeth de Vries**<sup>3</sup>, **Robert Ford**<sup>4</sup>, **Stephen Gwyther**<sup>5</sup>, **Sumithra Mandrekar**<sup>6</sup>, **Lalitha Shankar**<sup>7</sup>, **Jan Bogaerts**<sup>2</sup>, **Alice Chen**<sup>8</sup>, **Janet Dancey**<sup>15</sup>, **Wendy Hayes**<sup>9</sup>, **F. Stephen Hodi**<sup>10</sup>, **Otto S. Hoekstra**<sup>11</sup>, **Erich P. Huang**<sup>12</sup>, **Nancy Lin**<sup>10</sup>, **Yan Liu**<sup>2</sup>, **Patrick Therasse**<sup>13</sup>, **Jedd D. Wolchok**<sup>14</sup>, and **Lesley Seymour**<sup>15</sup>

<sup>1</sup>Department of Radiology, Columbia University Medical Center, New York, New York, USA, New York Presbyterian Hospital New York, New York USA <sup>2</sup>EORTC HQ, Brussels, Belgium

# Yan etkiler

- G1; hafif, hafif semptomatik, müdahaleye gerek yok
- G2;orta, non invaziv müdahale
- G3:Şiddetli, tıbben önemli, hastane gerektirebilir
- G4; Hayatı tehdit edici, müdahale gerekir
- G5: Yan etkiye bağlı ölüm

## Common Terminology Criteria for Adverse Events (CTCAE)

Version 4.0

Published: May 28, 2009 (v4.03: June 14, 2010)

U.S.DEPARTMENT OF HEALTH AND HUMAN SERVICES  
National Institutes of Health  
National Cancer Institute

SOC	Page
Blood and lymphatic system disorders	3
Cardiac disorders	6
Congenital, familial and genetic disorders	15
Ear and labyrinth disorders	16
Endocrine disorders	19
Eye disorders	22
Gastrointestinal disorders	28
General disorders and administration site conditions	55
Hepatobiliary disorders	61
Immune system disorders	65
Infections and infestations	68
Injury, poisoning and procedural complications	87
Investigations	107
Metabolism and nutrition disorders	114
Musculoskeletal and connective tissue disorders	119
Neoplasms benign, malignant and unspecified (incl cysts and polyps)	128
Nervous system disorders	129
Pregnancy, puerperium and perinatal conditions	141
Psychiatric disorders	142
Renal and urinary disorders	147
Reproductive system and breast disorders	153
Respiratory, thoracic and mediastinal disorders	164
Skin and subcutaneous tissue disorders	179
Social circumstances	188
Surgical and medical procedures	189
Vascular disorders	190

# Yaşam süresi tanımları

- Toplam Yaşam Süresi (overall survival): Tedavi başlangıcından herhangi bir nedenle ölüme kadar geçen süresidir.
- Progresyonsuz yaşam süresi (PFS): Tedavinin başlangıcından progresyonun tespitine kadar geçen yaşam süresidir.
- Hastalısız yaşam süresi (DFS); Çoklukla, cerrahi olarak rezeke edilen hastalarda, rezeksiyondan nükse kadar geçen yaşam süresidir.

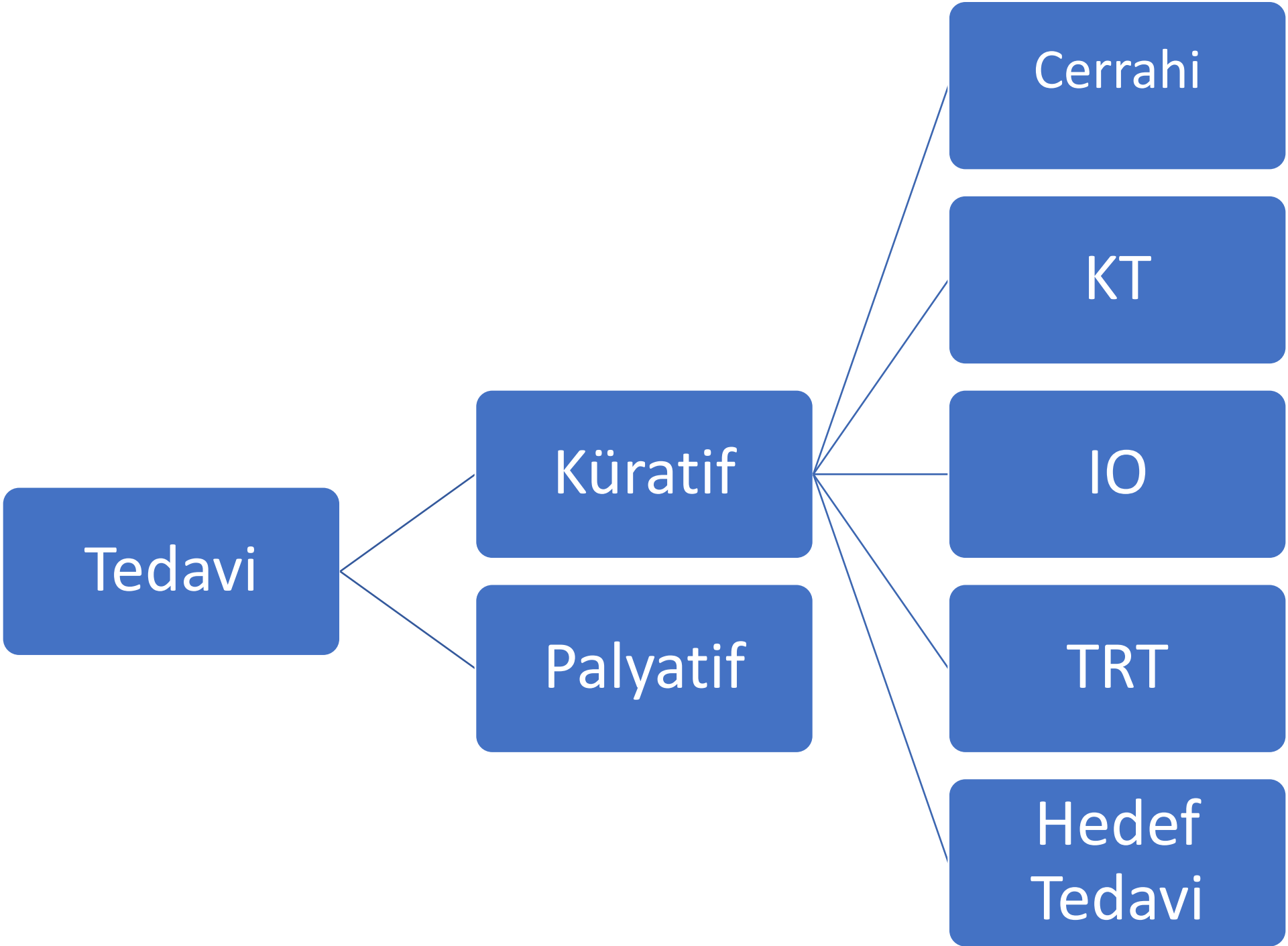


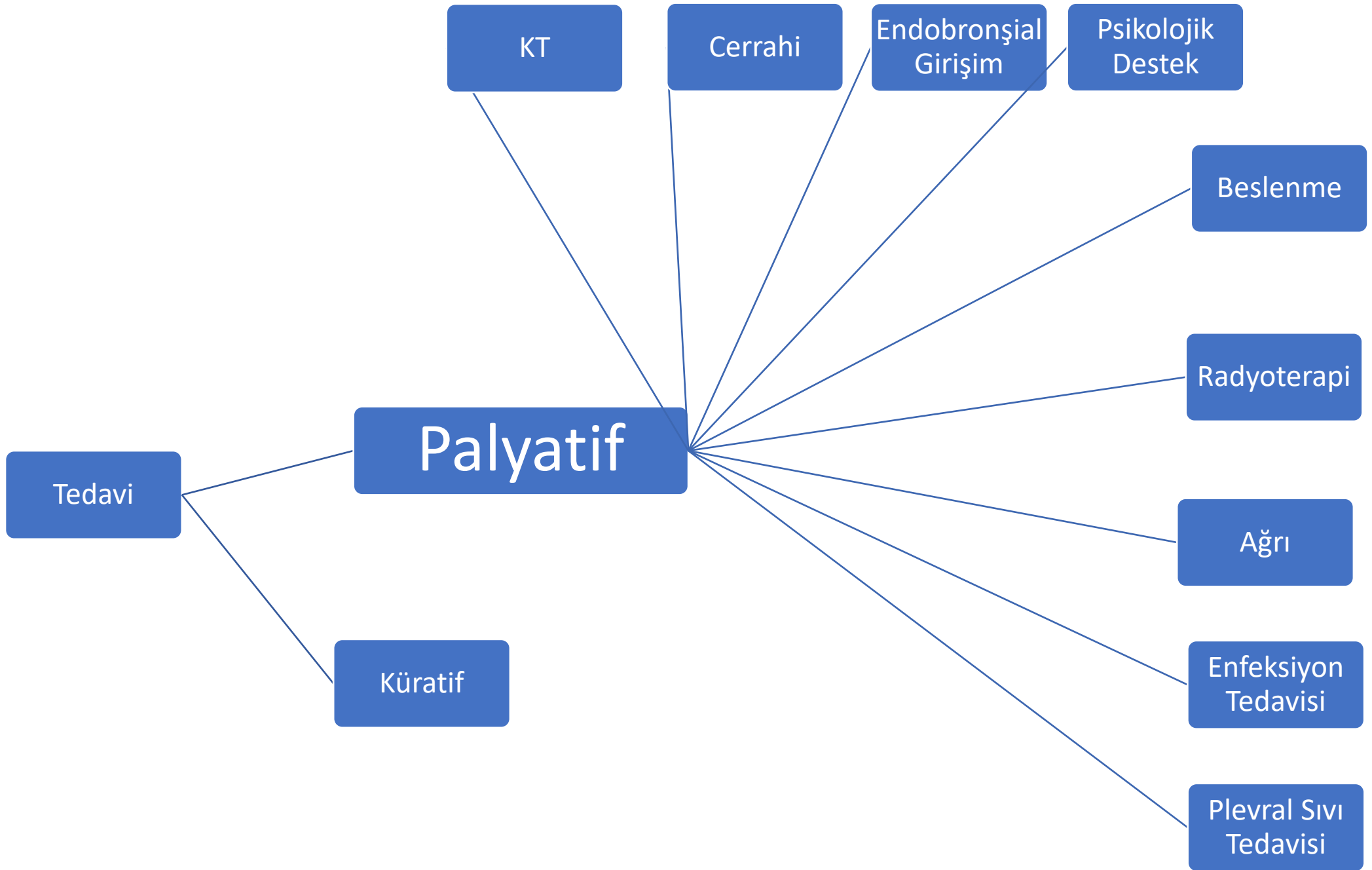
# Kullanılan İstatistikler

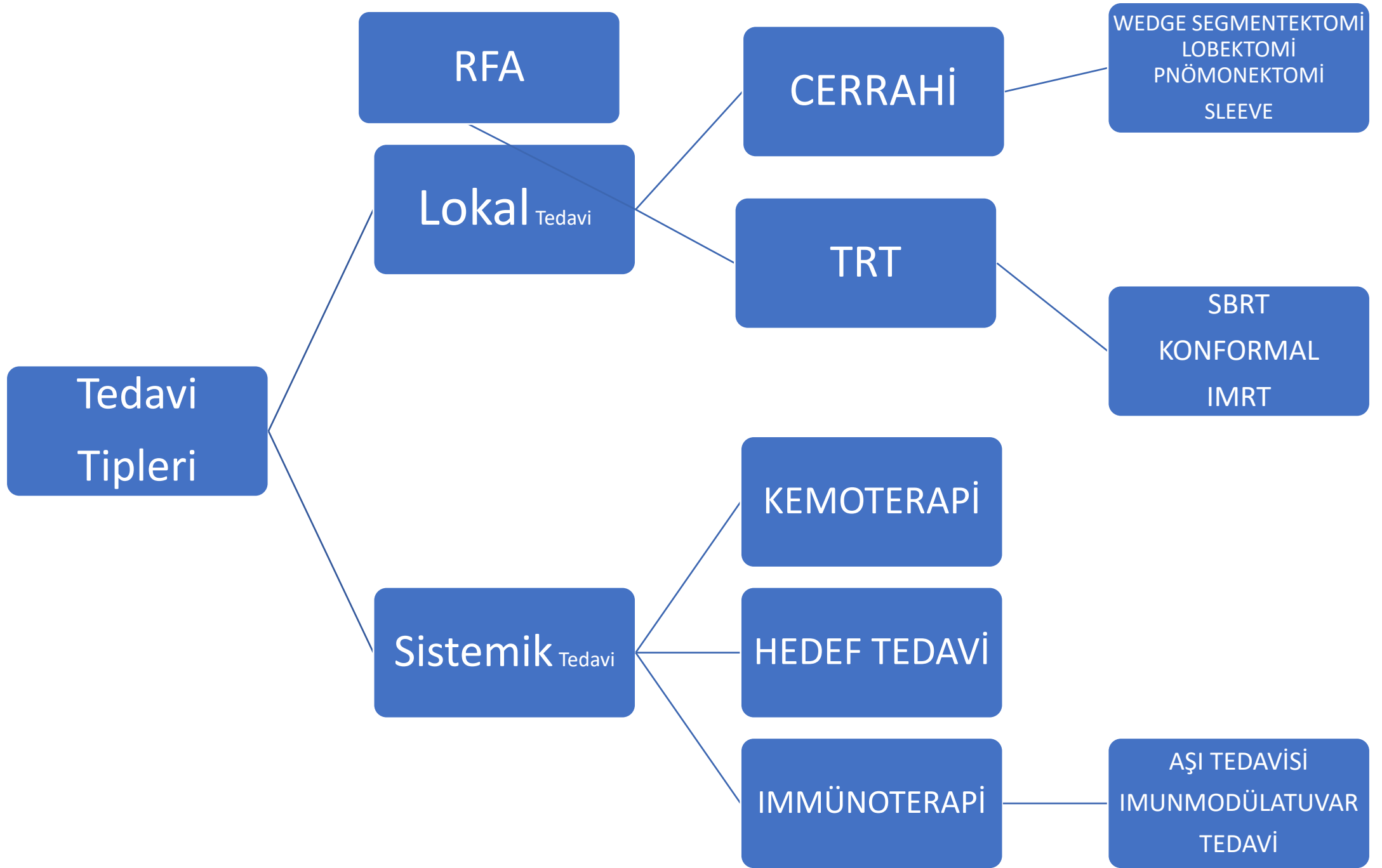
- Kaplan-Meier tahmini yaşam süresi analizi
- Tek ve Çok değişkenli analizler
- Log Rank test (RR)
- Cox regresyon analizleri (HR)

# Akciğer Kanseri Tedavisi









# Sistemik Tedavi

- Platin (sisplatin-karboplatin)
- Taksan(Paklitaksel-doksetaksel)
- Gempitabin
- Vinka (Vinorelbin-vinblastin)
- Etoposid
- Topotekan, Irinotekan
- Siklofosfamid
- EGFR-TKI (Gefitinib, Erlotinib, Afatinib, Osimertinib)
- ALK TKI (Crizotinib, Ceritinib, Alectinib)
- ROS 1 (Crizotinib)
- BRAF (Trameteninib-Dabrafenib)
- Anti PDL1 (Pembrolizumab, nivolumab, atezolizumab, Durvalumab)

Akciğer Kanseri

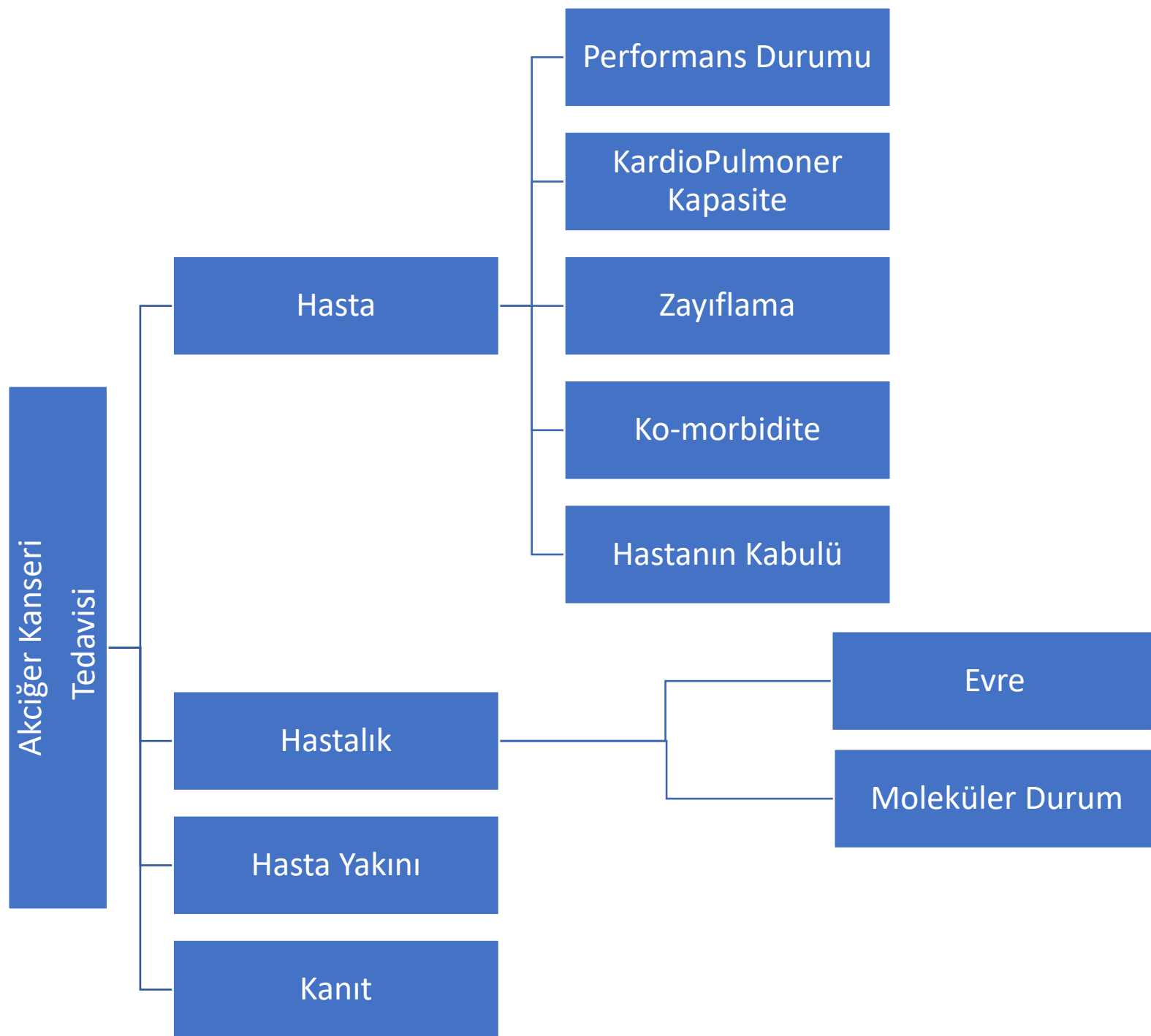
Tedavisi

Hasta

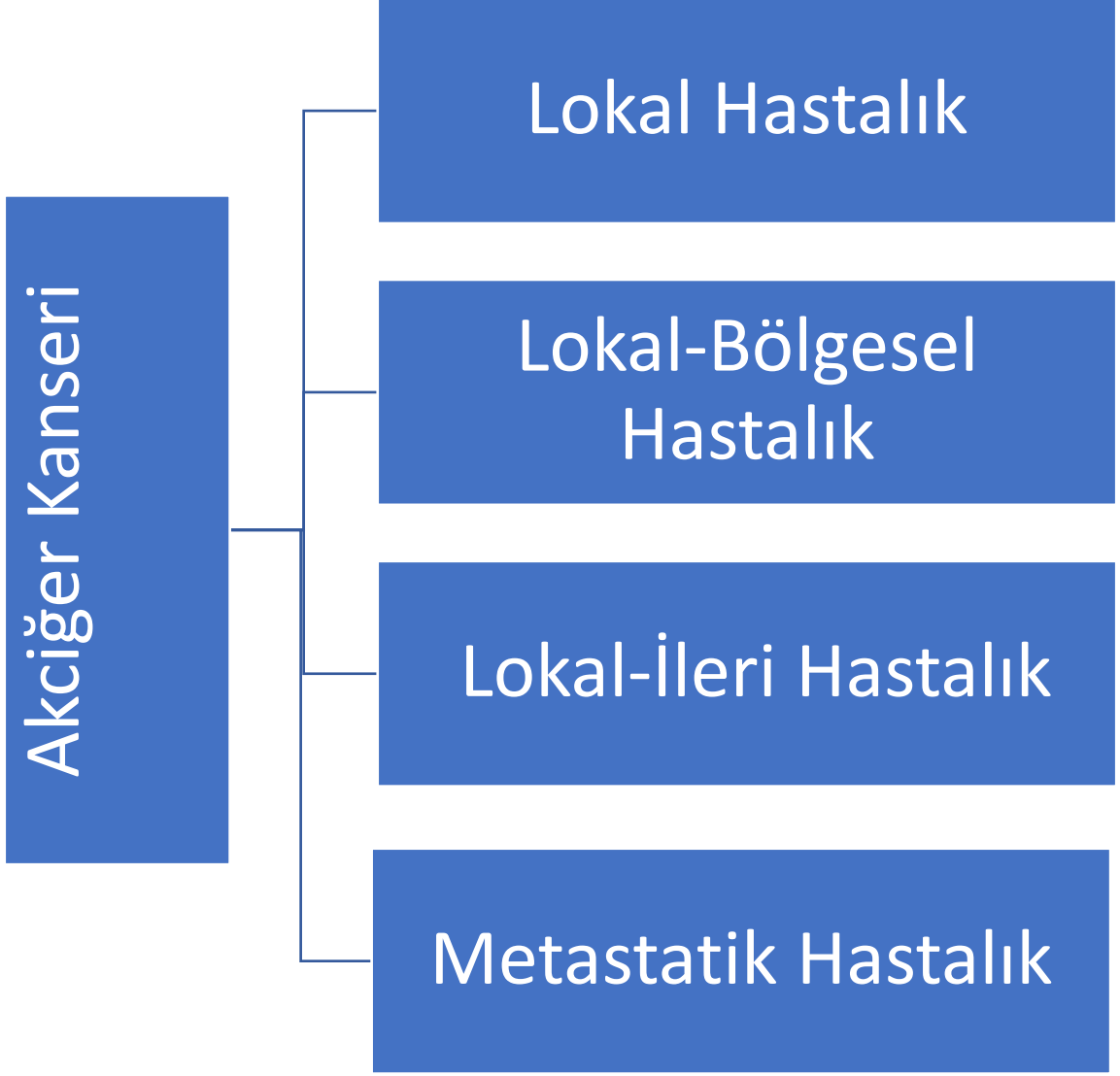
Hastalık

Hasta Yakını

Kanıt



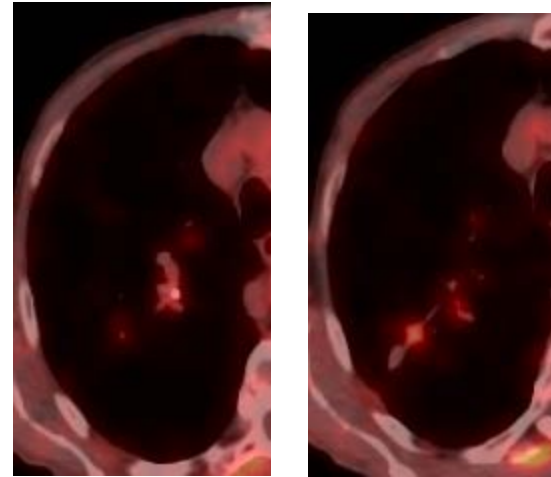
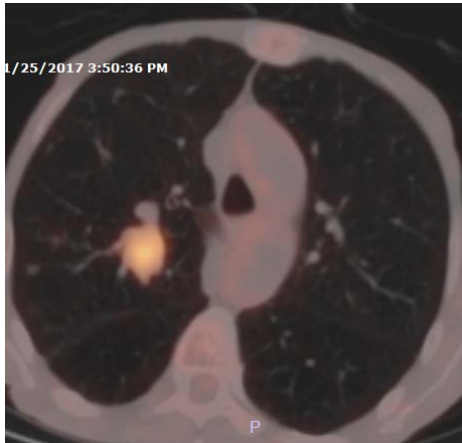
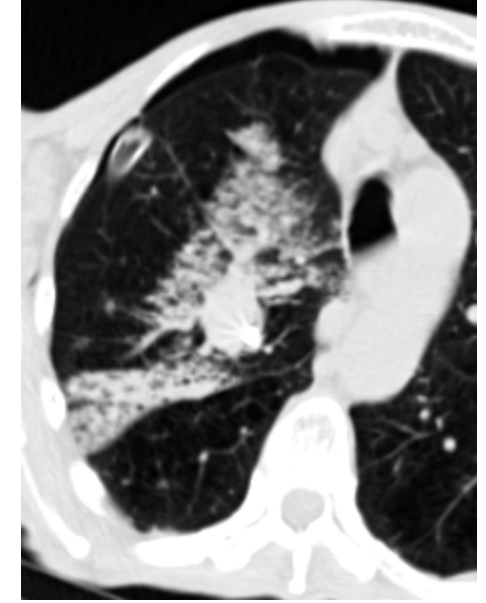




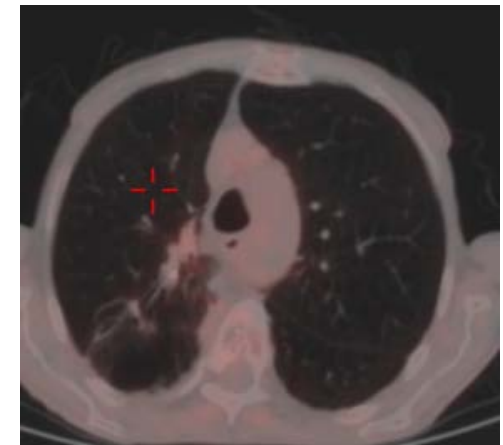
# Evre

	<b>No</b>	<b>N1</b>	<b>N2</b>	<b>N3</b>
<b>T1</b>	IA	IIB	IIIA	IIIB
<b>T2a</b>	IB	IIB	IIIA	IIIB
<b>T2b</b>	IIA	IIB	IIIA	IIIB
<b>T3</b>	IIB	IIIA	IIIB	IIIC
<b>T4</b>	IIIA	IIIA	IIIB	IIIC
<b>M1a</b>	IVA	IVA	IVA	IVA
<b>M1b</b>	IVA	IVA	IVA	IVA
<b>M1c</b>	IVB	IVB	IVB	IVB

73 Y, E, ECOG 1; cTNM T1C NO MO (Skuamöz Hücreli)  
FEV1;0.61 Lt (%27)  
SBRT : 5X 1100 cGY (55 Gy) IMRT,FİDUCIAL UYGULAMA



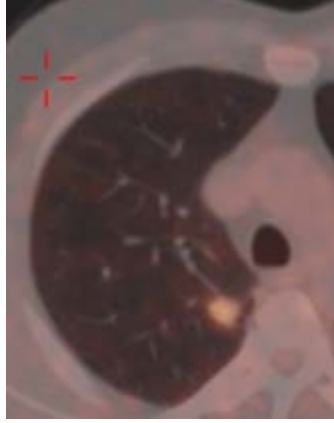
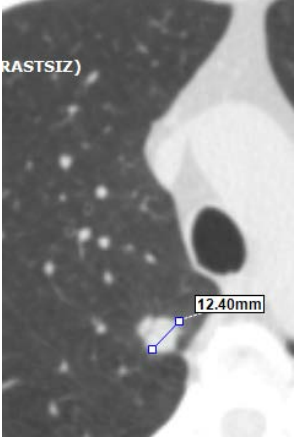
3 AY SONRA



12 AY SONRA

63 Y, E, ECOG 0, FEV1: 1.87 Lt(%73)

Adenokarsinom(Asiner baskın) cTNM;T1b,N0,M0



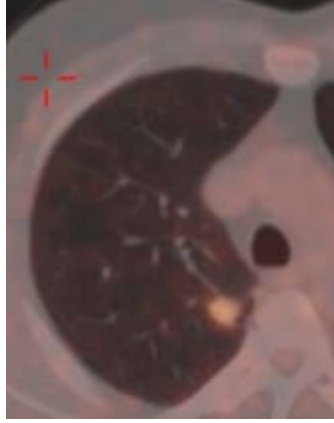
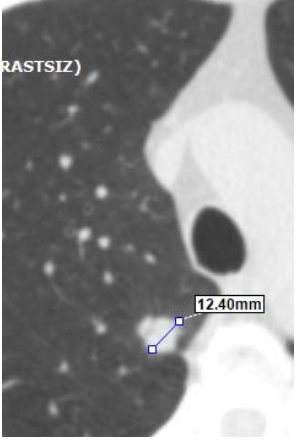
- Adjuvan KT
- Adjuvan hedefe yönelik tedavi
- Adjuvan IT

- Sağ üst Lobektomi
- R0
- pTNM; T1b N0 M0

- Adjuvan TRT

63 Y, E, ECOG 0, FEV1: 1.87 Lt(%73)

Adenokarsinom(Asiner baskın) cTNM;**T1b,N0,M0**

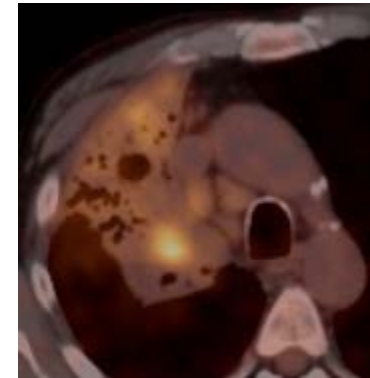
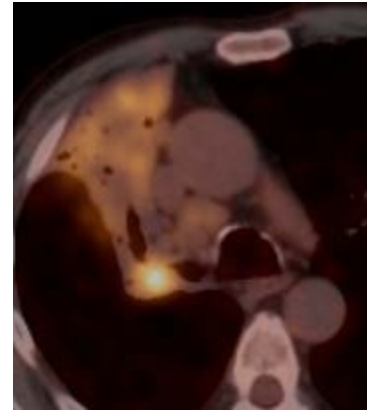
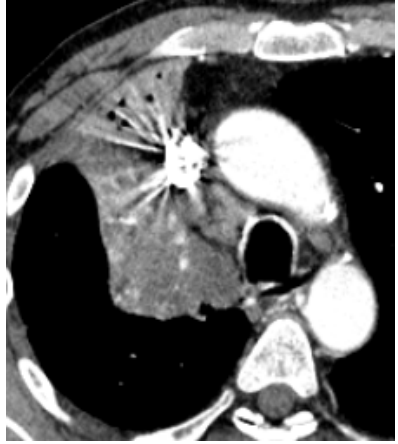


- Adjuvan KT
- Adjuvan hedefe yönelik tedavi
- Adjuvan IT

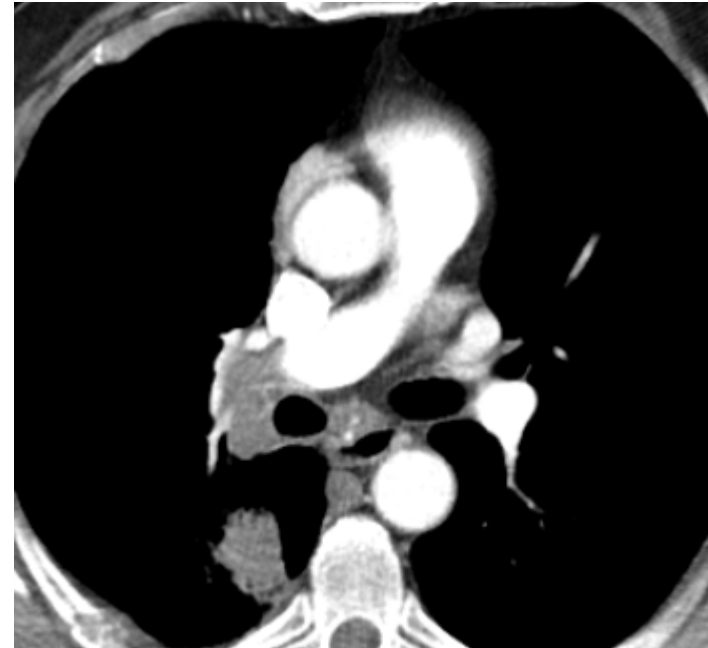
- Sağ üst Lobektomi
- R0
- pTNM; T2a (vis PI) N2 (4R, 2R malign) M0

- Adjuvan TRT

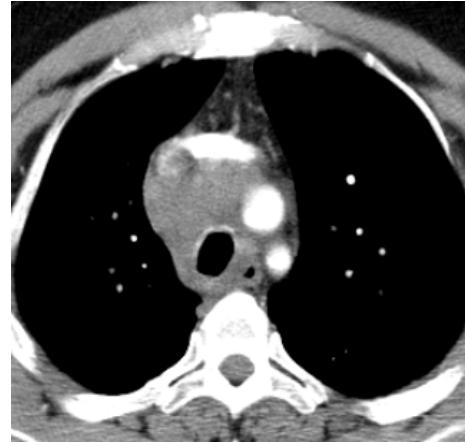
66 y, E, ECOG 1, SCC, Zayıflama (-), Komorbid,  
cTNM:T2aN0M0 (Evre Ib)



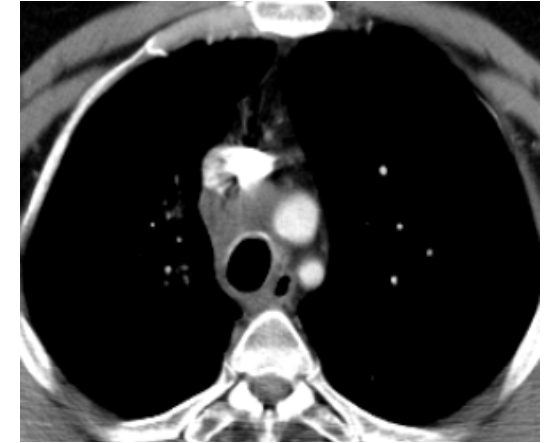
68y , E, ECOG 1, SCC, cTNM; T2b,N1,M0  
(Evre IIb)



# 47 y,E,SCC, ECOG 0, EŞZ. KRT



26.8.2013



12.5.2014



3.9.2014

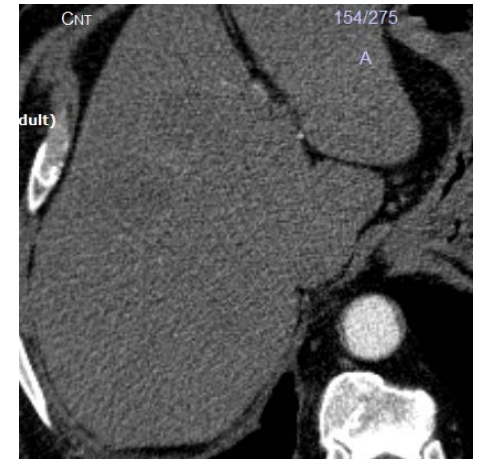
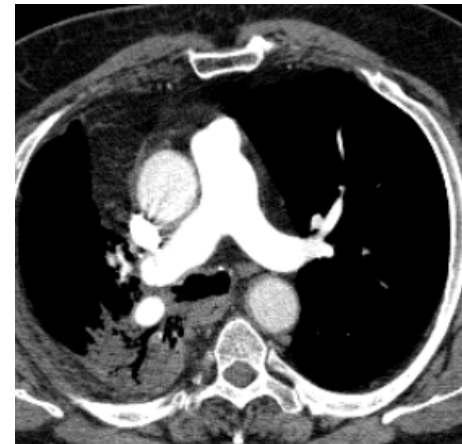
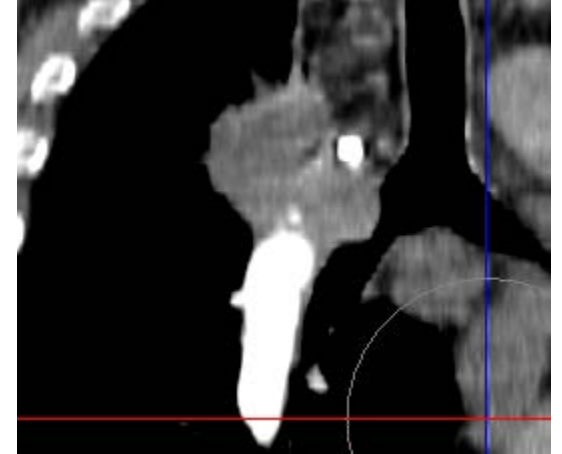
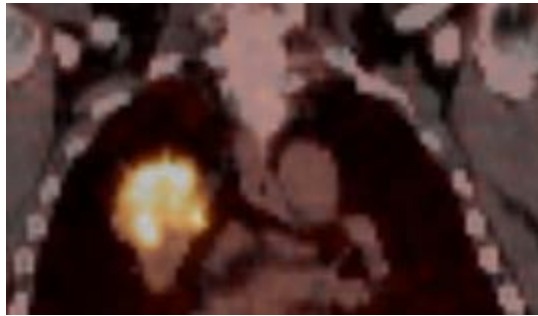


12.5.2015



# 63y, E, SCC, T4N0M0 (Evre IIIA)

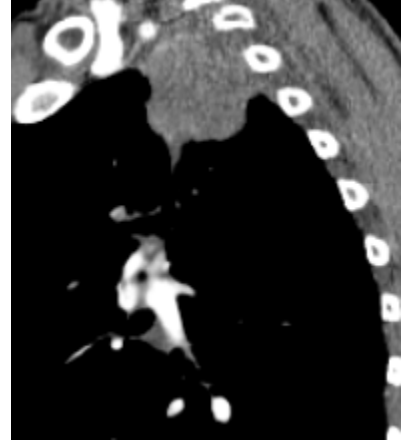
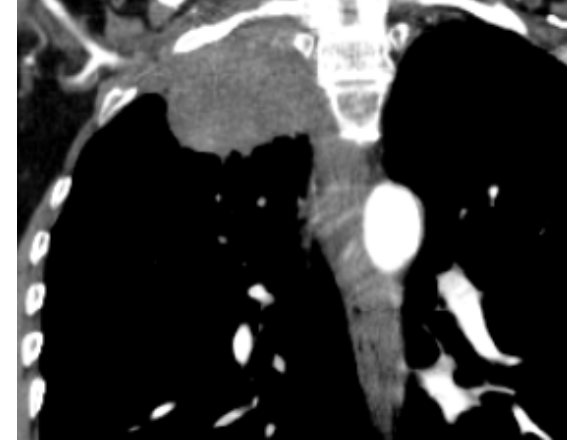
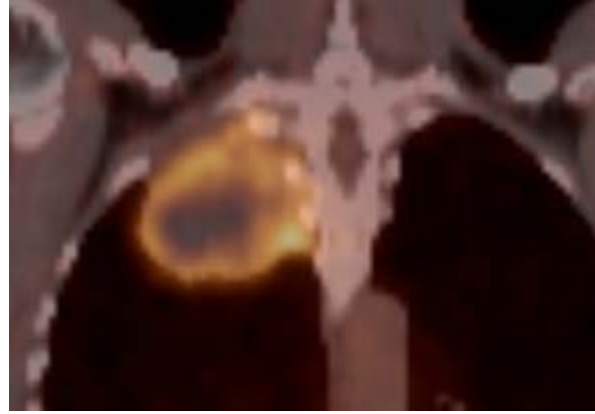
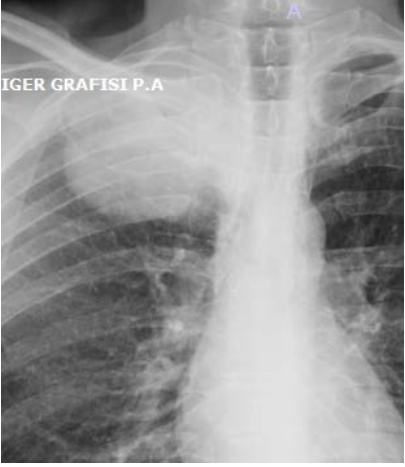
KT SONRASI



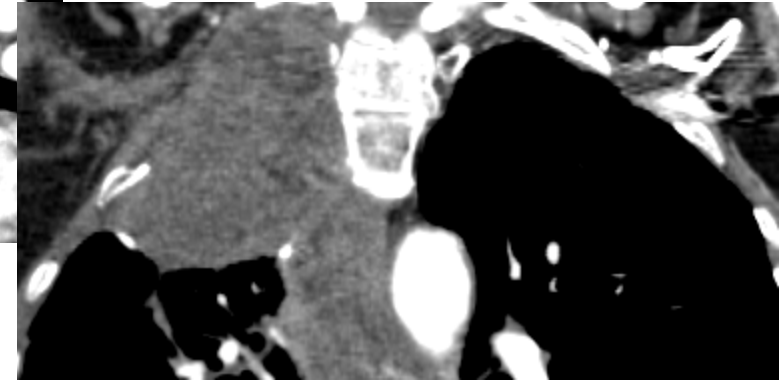
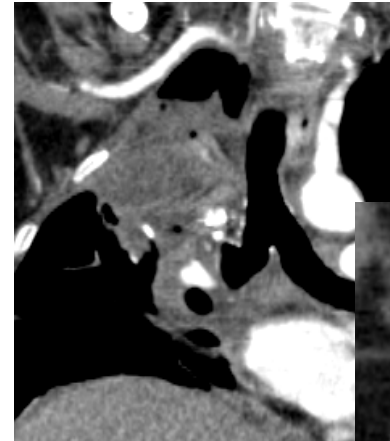
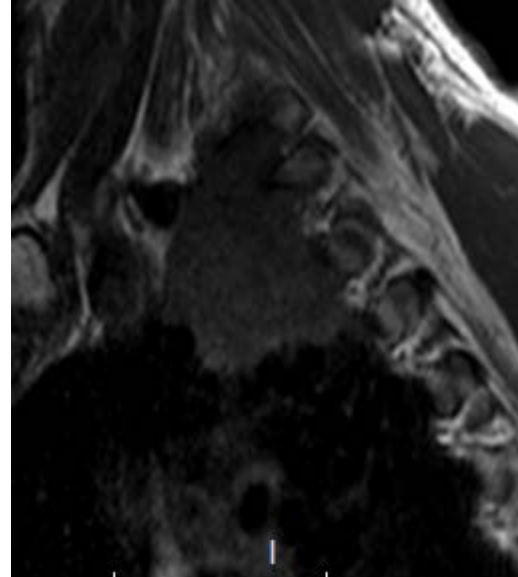
ARD TRT SONRASI

PostOP 5. ay

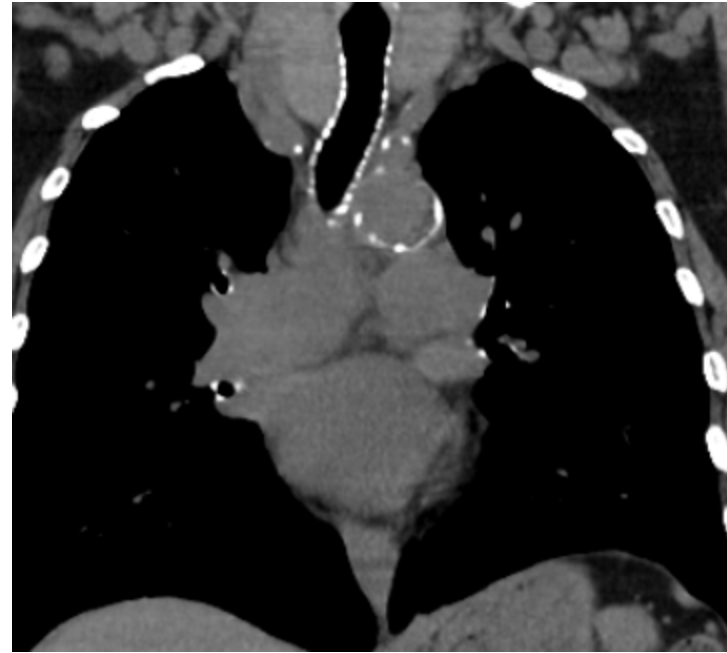
# Superior Sulcus Tumor; 58 y ,E, adeno



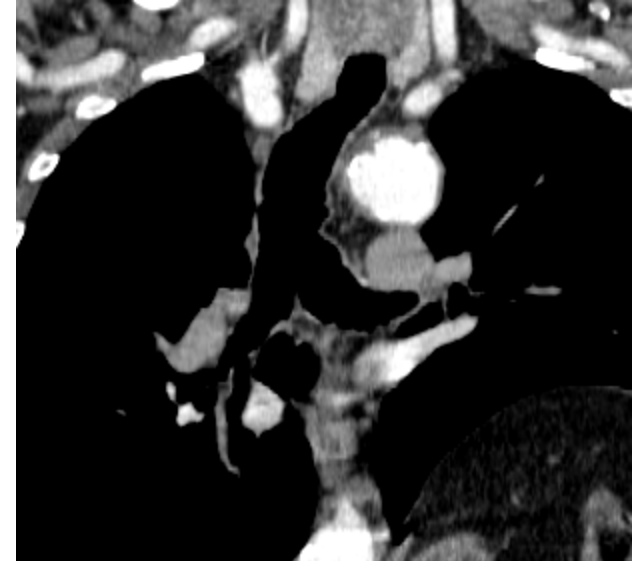
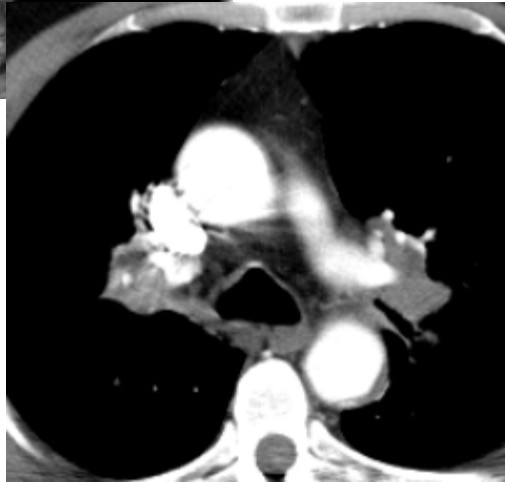
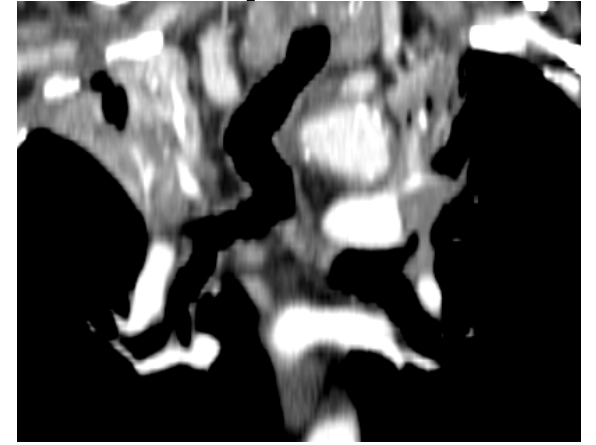
- cTNM:T4N0M0
- Th1 brakial sinir invaze
- Eşzamanlı KRT (45Gy)
- ycTNM;T4N0M0
- FEV1:2.29 Lt(%82)
- ypTNM;T0M0M0



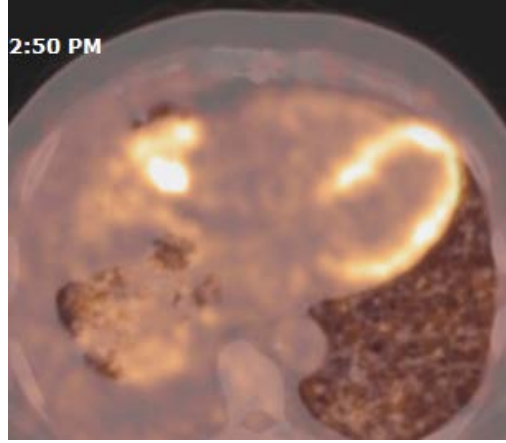
63 y, K, Adeno, ECOG 1, zayıflama (-), komorbid (-)  
c TNM; T4N3M0



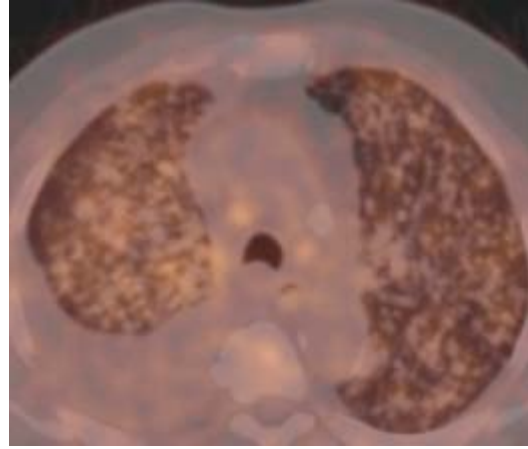
70y, E, Senkron tm, sağ ve sol üst lobektomi, SCC (T2aN0)-SCC(T1bN0)



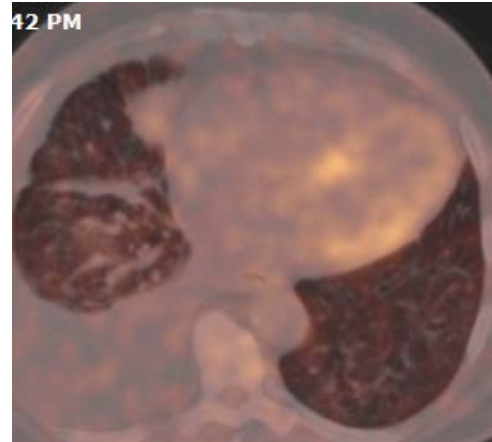
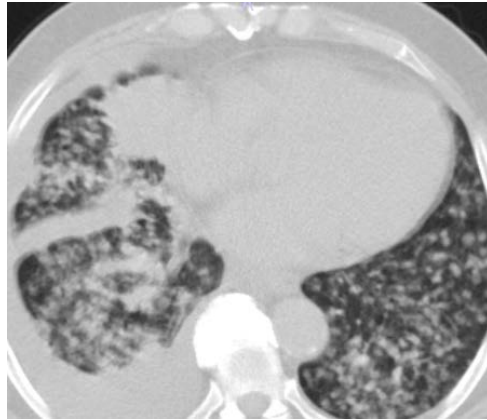
77y,E, Adenokarsinom, T3N3M1c (pulmoner, surrenal, kemik, plevra), plevra sıvı hücre blok; EGFR 19 del



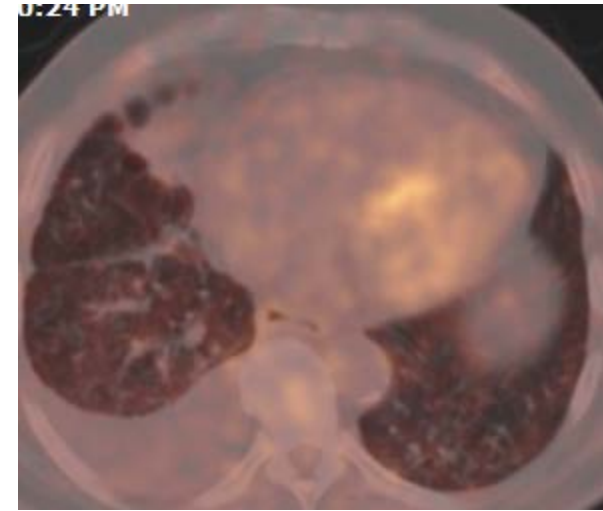
BAŞLANGIÇ



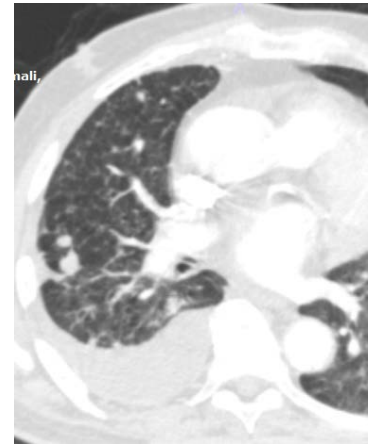
- Mutasyon durumu bilinen (EGFR/ALK/ROS1/BRAF)
- Mutasyon durumu beklenen
- Mutasyon negatif



ERLOTİNİB 6. AY

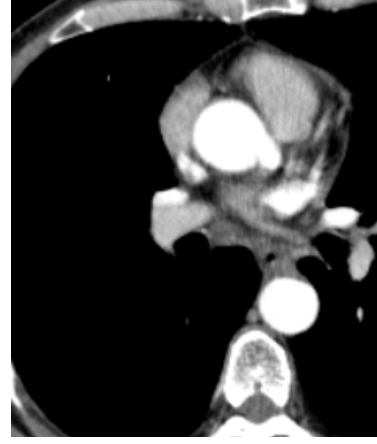
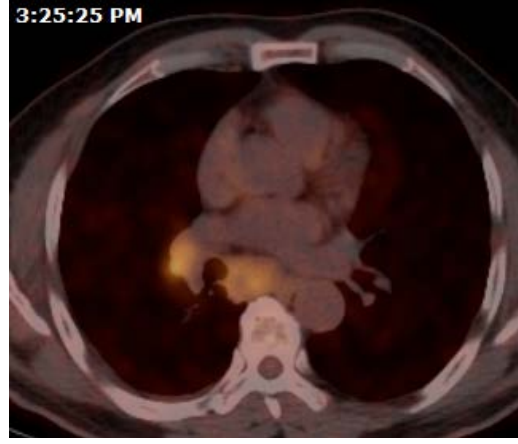
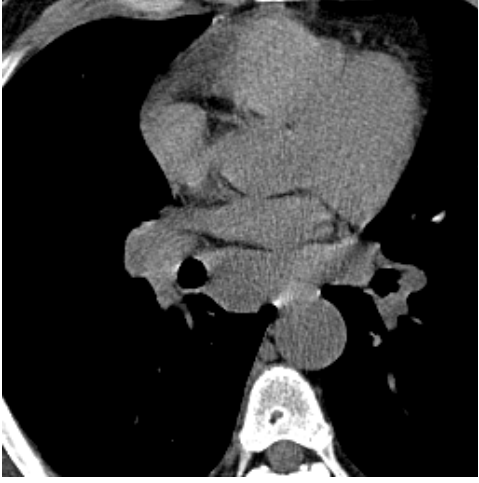


ERLOTİNİB 12. AY



ERLOTİNİB 20. AY

# 63 y, E, KHAK



- cTNM:T1bN2M0
- ECOG1, zayıflama yok
- Eşzamanlı PE/TRT ve KKI

# Oligometastatik hastalık

- Lokalize veya lokal bölgesel KHDAK
- Tek organ 1-3 metastatik odak
- İki organ lokal tedavi

ufukyilmazdr@gmail.com

*Teşekkürlerimle*