ANTİBİYOTİK KULANIMI İMMÜNOTERAPİ ETKİNLİĞİNİ AZALTABİLİR

- **Kanser tedavisinde immünoterapi önemi her gün artmaktadır. Çok sayıda kanser türüne karşı birinci basamak tedavisi olarak tek başına yada kombinasyon tedavisi olarak kullanılmaktadır**

- **Mayıs 2018 Annals of Oncology dergisinde ilginç ve güncel bir makale yayınlandı**

- **Bu makaleye göre, akciğer ve böbrek kanseri nedeniyle immünoterapi gören hastalardan tedavi süresi yada tedaviye başlamadan 30 gün içinde antibiyotik alan hastalarda, immünoterapi etkinliği daha kötü bulunmuş**

- **Bu çalışmaya göre antibiyotik kullanan Akciğer ve Böbrek kanserli hastalarda hastalık daha hızlı ilerliyor ve verilen immünoterapi etkili olmuyor**

- **Çalışmanın yazarları, bu sonucu, antibiyotik kullanımının bağırsak florası bozduğunu, buna bağlı immünoterapi etkinliğinin azaldığını belirtiyorlar**

  Sonuç: Gereksiz ve rastgele antibiyotik kullanımı, doğal mikrobia bozabilir. Bu sadece hastalıklara daha açık olmamıza neden olmaz. Aynı zamanda güncel ve giderek günlük pratiğe giren immünoterapilerin etkinliğini azaltabilir

KAYNAK

Antibiotics Decrease Efficacy of Immune Checkpoint Inhibitors

May 16, 2018

By Denise Baez

NEW YORK -- May 16, 2018 -- Taking antibiotics within 30 days of PD-1 or PD-L1 inhibitors for advanced renal cancer or non-small-cell lung cancer (NSCLC) put patients at high risk for disease progression, according to a study published in *Annals of Oncology*.

One possible reason for this effect is the alteration of gut microbiota diversity caused by antibiotics, which may reduce the efficacy of immune checkpoint inhibitors, explained Bertrand Routy, MD, Centre de Recherche du Centre Hospitalier de l'Université de Montréal, Montréal, Quebec, and colleagues.

The researchers compared outcomes for patients who received, versus those who did not receive, antibiotics for pneumonia or urinary tract infections within 30 days of beginning therapy with immune checkpoint inhibitors for advanced renal cell carcinoma or NSCLC.

Of the 121 patients with renal cancer, 16 received antibiotics before therapy and of the 239 patients with NSCLC, 48 received antibiotics, the most common being beta-lactam or quinolones for both groups.

Among patients with renal cancer, those who took antibiotics within 30 days of starting immunotherapy had a significantly increased risk of primary progressive disease compared with patients who did not take antibiotics (75% vs 22%; $P < .01$).

Patients who received antibiotics also had shorter progression-free survival (PFS; median, 1.9 vs 7.4 months; $P < .01$) and overall survival (median, 17.3 vs 30.6 months; $P = .03$).

Results were similar for patients with NSCLC. Although rates of primary progressive disease were not statistically significant (52% vs 43% for no antibiotics; $P = .26$), patients who received antibiotics before therapy had decreased PFS (median, 1.9 vs 3.8 months; $P = .03$) and overall survival (median, 7.9 vs 24.6 months; $P < .01$).

The impact of antibiotics on outcomes after immunotherapy in multivariate analyses remained significant for PFS in renal cancer and for overall survival in NSCLC.

"Modulatation of antibiotic-related dysbiosis and gut microbiota composition may be a strategy to improve clinical outcomes with immune checkpoint inhibitors," the authors concluded.

Reference: https://doi.org/10.1093/annonc/mdy103

SOURCE: *Annals of Oncology*