



Castratieresistent prostaatacarcinoom

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Informatie

Prostaatacarcinoom is een heterogene ziekte. In de dagelijkse praktijk worden vaak een hormonaal gevoelige en een castratieresistente fase onderscheiden in het beloop van de ziekte. De rol van androgenen en androgeenreceptoren (AR) hierin is niet volledig opgehelderd, maar wordt wel steeds duidelijker. In het algemeen wordt aangenomen dat de onderliggende mechanismen die leiden tot androgeenonafhankelijkheid zowel AR-afhankelijk als AR-onafhankelijk zijn. Deze mechanismen zijn deels overlappend. De term castratieresistent prostaatacarcinoom wordt voornamelijk gebruikt vanwege de implicaties van recente bevindingen dat prostaatacarcinoom niet uniform refractair is voor hormonale manipulatie en dat androgenen en de progressie van ziekte veelal afhankelijk zijn (of in ieder geval niet onafhankelijk) van androgeen-androgeen-receptorinteracties. Het castratieresistente maar nog steeds hormoongevoelige prostaatacarcinoom is nu duidelijker gekarakteriseerd, waarbij nieuwe medicamenten gericht op ofwel de androgeenreceptor, zoals enzalutamide, of androgeensynthese via CYP17-inhibitie zoals abirateron, worden beschreven. Daarnaast komt de rol van chemotherapie (docetaxel en cabazitaxel) bij het castratieresistente prostaatacarcinoom aan de orde en de plaatsbepaling van docetaxel bij het hormoon-naïeve prostaatacarcinoom.

Leerdoelen

Na het volgen van deze cursus:

- kunt u omschrijven hoe de diagnose castratieresistent prostaatacarcinoom (CRPC) gesteld wordt
- kunt u beschrijven hoe een patiënt met mCRPC goed te stageren
- kunt u diverse behandelingsmodaliteiten voor mCRPC noemen
- kunt u bijwerkingen van de verschillende behandelingen voor mCRPC benoemen
- kunt u de klinische implicaties van de Nederlandse richtlijn voor de behandeling van mCRPC verklaren
- kunt u de klinische implicaties van deze richtlijn voor mCRPC hanteren als het gaat om: (1) prognostische factoren; (2) predictieve factoren; (3) kruisresistentie
- kunt u patiënten ondersteunen bij hun besluitvorming rondom therapiekeuzes voor mCRPC

Inhoud

Inleiding
Epidemiologie
Diagnostiek
Behandeling
Behandeling van botmetastasen
Toekomst
Eindtoets

Referenties

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