# АЛГОРИТМ ВЫБОРА ЛЕКАРСТВЕННОГО ЛЕЧЕНИЯ МЕТАСТАТИЧЕСКОГО КОЛОРЕКТАЛЬНОГО РАКА

## Методическое пособие

*Под авторством*

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## СПИСОК СОКРАЩЕНИЙ

**анти-EGFR** — терапия, направленная против рецептора эпидермального фактора роста.
**анти-VEGF** — терапия, направленная против сосудистого эндотелиального фактора роста.
**ВБП** — выживаемость без прогрессирования.
**мКРР** — метастатический колоректальный рак.
**ОВ** — общая выживаемость.
**ХТ** — химиотерапия.
**ALK** — киназа анапластической лимфомы.
**BSC** — оптимальная поддерживающая терапия.
**BRAF TKI** — тирозинкиназный ингибитор, направленный на BRAF-киназы.
**de Gramont, FOLFOX, FOLFIRI, XELOX, FOLFOXIRI** — режимы химиотерапии.
**HER2** — рецептор человеческого эпидермального фактора роста 2.
**HER2neu 3+** — опухолевые клетки имеют подтверждённый высокий уровень (гиперэкспрессию) протеина HER2.
**MEK** — митоген-активируемая киназа, регулируемая внеклеточным сигналом.
**MEK TKI** — тирозинкиназный ингибитор активации митоген-активируемых протеинкиназ.
**MSS** — стабильный статус микросателлитов.
**PTEN** — фосфатаза с двойной субстратной специфичностью, продукт гена PTEN.
**RAS (NRAS, KRAS), BRAF, RET** — протоонкогены.
**T-DXd** — трастузумаб дерукстекан.
**Rechallenge** — повторное применение уже применявшейся в предыдущих линиях схемы терапии, на которую сначала пациент отвечал, а затем была зафиксирована прогрессия заболевания.

## ВВЕДЕНИЕ

Колоректальный рак неуклонно приближается к тому, чтобы занять лидирующие позиции в структуре заболеваемости злокачественными новообразованиями в России. Возможности терапии метастатического колоректального рака (мКРР) за последние пару десятилетий существенно расширились, медиана выживаемости приближается к трем годам. Этого удается достичь путем применения правильных комбинаций в правильной последовательности.

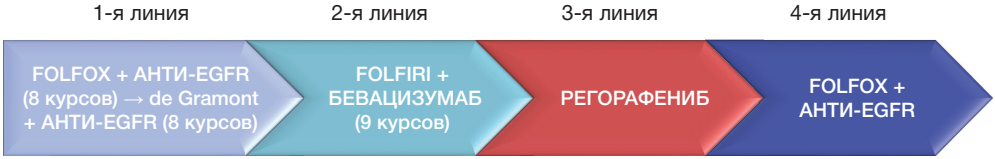
Ежедневно консультируя пациентов с мКРР, получающих лечение в других центрах, мы нередко видим неоптимальные принятые клинические решения.

С целью облегчения практикующим врачам нелегкого труда по построению оптимальной стратегии лечения пациентов с мКРР был разработан данный наглядный алгоритм выбора той или иной линии терапии в различных клинических сценариях. Приведены научные обоснования принятия решений на каждом этапе лечения.

Надеемся, что данное методическое пособие будет полезно всем нашим коллегам и самим пациентам.

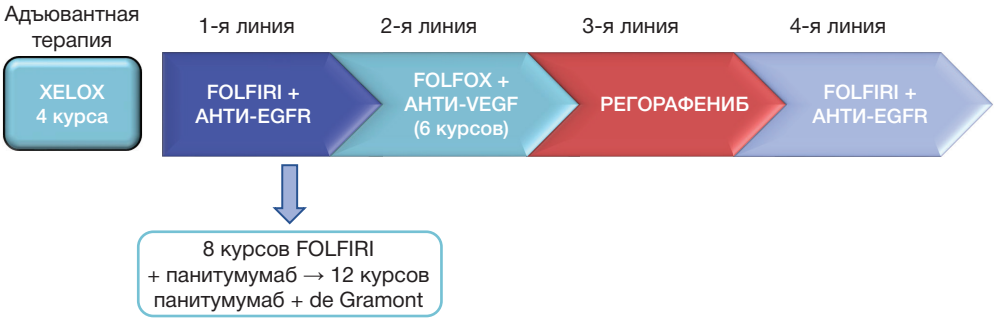
# 1. АЛГОРИТМ ВЫБОРА ТЕРАПИИ ПРИ ДИКОМ ТИПЕ ГЕНОВ RAS, BRAF, MSS. ЛЕВОСТОРОННЯЯ ЛОКАЛИЗАЦИЯ

**Сценарий 1.1.**




**Сценарий 1.2.**


**Сценарий 1.3.**



## 2. АЛГОРИТМ ВЫБОРА ТЕРАПИИ ПРИ ДИКОМ ТИПЕ ГЕНОВ RAS, BRAF, MSS. ПРАВОСТОРОННЯЯ ЛОКАЛИЗАЦИЯ

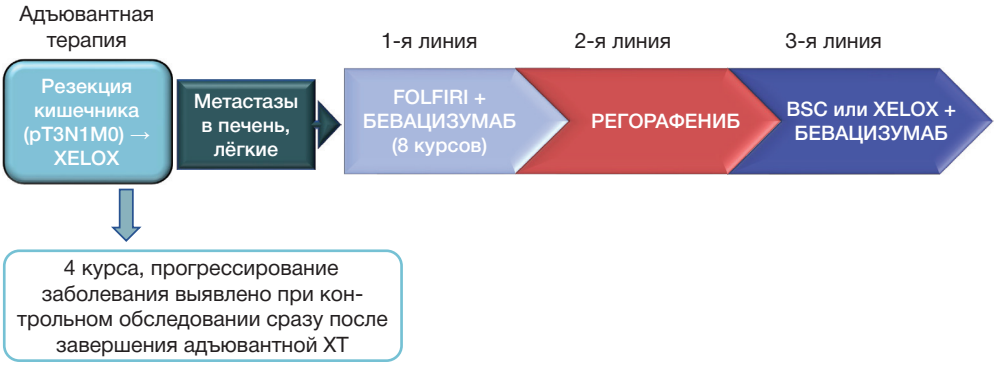
**Сценарий 2.1.**


**Сценарий 2.2.**


## 3. АЛГОРИТМ ВЫБОРА ТЕРАПИИ ПРИ МУТИРОВАННОМ ТИПЕ ГЕНОВ RAS, MSS

**Сценарий 3.1.**

**Сценарий 3.2.**




## 4. АЛГОРИТМ ВЫБОРА ТЕРАПИИ ПРИ ДИКОМ ТИПЕ ГЕНОВ RAS И BRAF, MSS, HER2NEU 3+. ЛЕВОСТОРОННЯЯ ЛОКАЛИЗАЦИЯ

**Сценарий 4.1.**


** Лапатиниб + трастузумаб, трастузумаб + пертузумаб или трастузумаб дерукстекан*

## 5. АЛГОРИТМ ВЫБОРА ТЕРАПИИ ПРИ МУТИРОВАННОМ ТИПЕ ГЕНОВ BRAF, MSS

**Сценарий 5.1.**

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